

A STUDY ON VARAL KARAPPAN

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INTRODUCTION

The Siddha System is a branch of Indian System of medicine, is holistic in its approach. The word Siddha comes from the word “ Siddhi” which means an object to be attained or perfection or heavenly bliss.

The World Health Organization (WHO) defines “HEALTH” is a state of complete physical, mental and social well being and not merely the absence of disease.

According to Siddha Medical Science, the Universe Originally consists of atoms which contributed to the five basic elements viz., Earth, water, Fire , Air and Ether which synchronize with five senses of the human body, and they were the fundamentals of all the corporal things in the world. A close relationship is found existing between the external world and the internal system of human being. This is mentioned in Siddha literature as,

“அண்டத்தில் உள்ளதே பிண்டம்
பிண்டத்தில் உள்ளதே அண்டம்
அண்டமும் பிண்டமும் ஒன்றே
அறிந்து தான் பர்க்கும்போதே”

- சட்டமுனி ஞானம்

Any change in the elementary condition of the external world has its corresponding reflection in the human.

The treatment in Siddha System is based on Vatha, Pitha and Kapha which are the three supports of the body as they are the three fundamental principles in the composition of human body.

Siddha System of medicine not only deals with prevention and treatment but also to prolong the longevity of human life and also quality of life. Nowadays we says “ Today’s child is the Tomorrow’s King”. But long long ago Siddhars had the same vision and gave more importance to child’s health even from its embryo. Kuzhandhai Maruthuvam is a specialized branch in Siddha medicine which deals with the treatment of the disease of children upto 12 years.

The author has selected the clinical entity VARAL KARAPPAN for the present study. **Varal Karappan** is one of the commonly occurring dermatological disease. It is very common among the school children and a seizable number of cases are always registered in the Pediatric practice. Inspite of an increasing awareness of personal hygiene in recent years the incidence of the disease has not declined, the reason is attributed to over crowding.

In a country like India with exploding population growth, this may cause a significant problem. This work attempts to find an effective and economic drug therapy for the disease **Varal Karappan** through clinical and pharmacological trials.

The author has selected the drugs,

1. KODIVELI CHOORANAM – INTERNAL MEDICINE
2. MARUTHAMPATTAI THYLAM - EXTERNAL MEDICINE
3. KUPPAIMENI PODI – DUSTING POWDER

The author has made an earnest effort to study the disease through clinical trials and drug efficacy through pharmacological studies with appropriate study of Modern and Siddha aspects.

AIM AND OBJECTIVES

Varal Karappan is a skin problem among children. It affects children in their active period of life and cause severe embarrassment both physically and mentally.

Varal Karappan is highly adhered by polluted environmentals, allergic food edibles and lack of personal hygiene which are the main causative factors for developing this. So when the disease has once occurred remission and relapse happens subsequently throughout the life of the patient.

The frequency of relapse will be as per the individual immune power and his following of instructions to prevent the disease. So the author has selected this disease for the dissertation work and to evolve a better treatment for getting rid of this disease for all.

- To study the clinical course of the disease **Varal Karappan**.
- To know the extent correlation of aetiology, signs and symptoms of **Varal Karappan** in siddha aspect with **Scabies** of Modern aspect.
- To find out remedy that could be given to patient with cheap and easily available Siddha drugs.

- To have an idea of the incidence of this disease in relation with age, sex, Socio economic status, habits, occupation, family history and paruvakalangal.
- To know how the disease alters Mukkutram and Udalthathukkal.
- To evaluate the Biochemical and Pharmacological reports on dissertation medicines **Kodiveli chooranam, Maruthampattai Thylam and Kuppaimeni Podi.**
- To observe the efficacy of Medicines clinically.
 - ❖ KODIVELI CHOORANAM : 250 mg – 1 gm. Thrice
daily with honey, after food.
 - ❖ MARUTHAMPATTAI THYLAM : For topical application
 - ❖ KUPPAIMENI PODI : Dusting Powder

SIDDHA ASPECT

வரள் கரப்பான்

VARAL KARAPPAN is one of the Eighteen types of Karappan which affects the children.

இயல் : (Definition)

உடலில் திமிர், தினவு, சொறி, புண்,தடிப்பு,வெடிப்பு, நீர்கசிதல் ஆகிய குறிகுணங்களை உண்டாக்கி உடம்பின் இயற்கை நிறத்தை வேறுபடுத்தும்.

நோய் வரும் பருவம்:-

தால பருவம் முதல் வருகை பருவம் வரையுள்ள நான்கு பருவங்களிலும் கரப்பான் நோய் குழந்தைகளுக்கு உண்டாகக்கூடும். (3 வயது முதல் 7 வயது வரை)

“தயங்கு கணந் தேன்றுந் தான் கரப்பான்- நயம்படவே
வந்தூறும் அக்கணத்தில் வாதக்கரப்பான்”.

- பாலவாகடம் பக்கம் - 247

நோய்வரும்வழி:- (Etiology)

“பெருகுஞ்சோள மிறுங்கும் பெருங்கம்பு

வரகு கருடன் வாழையின் காயொடு

உரைகொள் பாகற்கெளிற்று மீன் உண்டிடி

விரிவதாய் கரப்பானு மிகுந்ததே.”

- பாலவாகடம் பக்கம் - 247

கடினப் பொருட்களான சோளம், கம்பு,வரகு, வாழைக்காய், பாகற்காய், கெளிற்று மீன் உண்பதால் கரப்பான் ஏற்படுகிறது.

“குட்டமதுவிட கரப்பான் விடநீர் சூலை
 சுரோணித்தால் தாதுகெட்டுத் தடிப்புண்டாகும்
 மட்டறமே கிருமி சென்று மருவும் போது
 வகையாய்க் கிருமியுட விடநீர் சென்று
 குட்டமுடன் தேகமெல்லாம் பறக்கும்போது
 குழிகுழியாய்க் கிருமியினீர்க் கொள்ளும்புள்ளி
 துட்டறவே கிருமியுட நீரால் வந்த
 சகலகுட்டம் விடகரப்பான் சாற்றலாமே”

நோய்நாடல் நோய்முதல்நாடல் பாகம் - I

பக்கம் - 333

விடகரப்பான், விடநீர் சூலை, சுக்கில நட்டம் இவற்றால் தாதுக்கள்
 கெட்டு தடிப்புண்டாகும். இதில் கிருமியுண்டாய், கிருமியுட விடநீர்
 தேகமெல்லாம் பரவி குழிகுழியாய்ப் புள்ளி புள்ளியாய்க் கிருமியுட விடநீரால்
 குட்டம், விடகரப்பான் உற்பத்தியாகும் என்றறியலாம்.

It has been mentioned that the conditions of the father also affects
 the child.

“பிறந்தநாள் பிள்ளைக்குத் தானே தன்றாய்
 பிதாவாலே பிணியுடலின் மேலே தோன்றும்
 சிறந்தபிணி கணமார்தம் கரப்பான் தோடம்
 தீதாரு மக்கரங்கள் கிரந்தி முன்னாம்
 அறந்தழைக்கு மருந்தறிஞை யானாற் நீரும்
 அதுவன்றி மருந்தறிஞை யானாற் தீரும்
 திறந்தெறிந்து பார்த்துவிடு சிறுபிள்ளைக்குச்
 சீராக வரு நோய்கள் செப்பக்கேளே”.

- பாலவாகடம் பக்கம் 5

Development of immunity of a child starts in the intrauterine life itself. Therefore the drugs taken by the pregnant woman every month have to be dealt with.

In Yugi Vaidhya chinthamani:-

“ஏழான கரப்பானின் உற்பத்திக் கேளாய்
ஏற்றமாய் மாமிசங்கள் புசிக்கையாலும்
கூழான கம்பு தினை வரகு சாமைக்
கொடிதான கிழங்கு வகையருந்த லாலும்”
- யுகி வைத்தியசிந்தாமணி

In take of fish, mutton, rhizomes, tubers of some plants taken by the Mother produces Karappan in the child due to breast feeding.

In Pararasa sekaram

“வேகக் காற்றத்தினர் பனைவெல்லத்தால்
பாகமிக்கலான் மேதிப் பாவையிலால்
தாகமரின் வருக்க திசாந்தலால்
மோக வாயை வழுதலை முள்ளிக்காள்
காயும் பல்லிடத் தாற்கரத் தாற்களில்
எயும் வண்டெலி யால் வருமே துவெளி
குடி நல்லறிவான எருவினார்
யானமன கரப்பான் வகைகளே”
- பரராசசேகரம்

- Excessive intake of jaggery, fish, mangoes.
- Airborn infection.
- Poisonous bites may cause the disease.

நோய் எண் (classification)

In Balavagadam: Karappan is classified into 18types,

“முத்தோட மரியுது சூலை முன்னுவெடி மண்டை பொரிசட்டை
சற்றோடு கருமையொடு செம்மை தனிக் கொள்ளி தோடமொடு வாலை
முற்றொல் வரட்சியொடு வீங்கல் மூரிவரும் பதினெட்டு வகையாம்
கொத்தான கரப்பான்க ளென்று கூறினார் பண்டையோ ராமால்”

“செங்கரப்பான் அனல்கரப்பான் தானும் பண்டைச்

சிரங்கு பண்ணும் அரிகரப்பான் பொரிகரப்பான்

அங்கமதி லெழு கரப்பான் தானுமிக்க

அளராம் உதி ரக்கரப்பான் கட்டியோடு

பொங்கமாய் வீங்கிகரப்பா னுந்தான்

புகலரிய சட்டை தடிவெடிகரப்பான்

சிங்கமுக எரிகரப்பான் வாத பித்தச்

சேத்துமத்தோ டேகரப்பான் பதினெட்டாமே

எண்வகைக் கரப்பான் இசைந்திடக் கேளு”.

1. Vatha karappan (வாத கரப்பான்)
2. Pitha karappan (பித்த கரப்பான்)
3. Sethuma karappan (சேத்தும கரப்பான்)
4. Ari karappan (அரி கரப்பான்)
5. Oothu karappan (ஊது கரப்பான்)
6. Soolai karappan (சூலை கரப்பான்)
7. Vedi karappan (வெடிக் கரப்பான்)
8. Mandai karupan (மண்டைக் கரப்பான்)

- | | |
|---------------------|---------------------|
| 9. Pori karupan | (பொரிக் கரப்பான்) |
| 10. Sattai karappan | (சட்டைக் கரப்பான்) |
| 11. Odu karappan | (ஓடு கரப்பான்) |
| 12. karung karappan | (கருங் கரப்பான்) |
| 13. Senk karappan | (செங் கரப்பான்) |
| 14. Kolli karappan | (கொள்ளிக் கரப்பான்) |
| 15. Thoda karappan | (தோட கரப்பான்) |
| 16. Valai karappan | (வாலை கரப்பான்) |
| 17. Varal karappan | (வரல் கரப்பான்) |
| 18. Veengu karappan | (வீங்கு கரப்பான்) |

In Gurunaadi Sasthiram:

Karappan is classified into 85 types.

In Agasthiyar 2000:

Karappan is classified into 66 in numbers.

In Agasthiyar Rananol:

Karappan is classified into 80 types.

In Yugi Vaidyachintamani:

Karappan is classified into 7 types.

In Agasthiar 2000 part III

Karappan is classified into 6 types.

GENERAL SIGNS AND SYMPTOMS OF VARAL KARAPPAN ACCORDING TO BALAVAGADAM

“உச்சிமுத லுள்ளங்க லுற்றளவி லெவ்விடமும்

நச்சுச் சிறுசிரங்கு நண்ணியே - நிச்சல்

வெடித்து நீர் மேவு நமை மேவா துறக்கம்

கடிந்த வரட்சிக் கரப்பான் காண்”

- பாலவாகடம் பக்கம் 250

- Itching, Oozing, Papules in the body.
- Insomnia.
- Bullae present in the whole body.

ACCORDING TO AGASTHIYAR 2000 (Part – III)

“கால் தலையுடம்பெங்கும் கனக்கவே சிறுசிரங்காய்

சேலது கடிதுவத்தித் தினவுடன் சொறிவதாகி

சாலவே காது நாசி மிதறுதான் தாதாதாகில்

மால்தரும் மடந்தைமாதே வரட்சிசேர் கரப்பானமே”

- அகத்தியர் 2000 பக்கம் 56

- Papules present in the head, lower limbs and all over the body.
- Itching.

DETAILS ABOUT THE OTHER TYPES OF KARAPPAN

வாத கரப்பான்:

“தெறிக்கும் வீங்குமுட லெங்கு மேதியிர்க் கடுப்பதாகியழுந் தேகமேற்
பொறிப்பறந்ததென வேபுண் ணாகியதிலே வெடித்த திக பொங்கமாய்
முறுக்கி யேசுரம தாகி நாவது வறண்டு நோயது முதிர்ந்திடில்
வெறிக் கருங்குழலி மரது வாதகரப்பானெனப் புகல்வந் மேவிடே”.

- Dryness of mouth, fever.
- Itching and pain all over the body.
- Vesicles, oozing, bullae, papules, Bleeding in the lesion.

அழற்கரப்பான்:

“கொடுமையான சிரநோயினோடு சொறிகூறு முட்டினமும் வரந்தியும்
கடுமையான கரமெய் சிவந்திடுதல் கண் பசத்து தெனனி முந்தியே
தடைகளாகமலபந்த மாகி விடில் சரந்த பித்த கரப்பானென்றே
விடமு நேர முத முஞ்சமன விழி வெண்ணகைத்திரு மருந்திடே”.

- Vomitting, headache, fever.
- Itching, oliguria.
- constipation.

ஐயக்கரப்பான்:

“இசையு நெஞ்சு ளடைத்து ளேவிரண மாகியேதவை வலித்திடும்
அசையும் வாயதனில் வெந்துமே திரட்சியாகி யேகடு கடுத்திடில்
விசையுஞ் சேத்தும கரப்பானென சிகிச்சைமேவு செவ்வரி பரந்து நின்
வசை பொருந்தும் விழி கலைதிரண்டமுக வனிதையேய வுடதங்களே”.

- Ulcers in the mouth.
- Chest pain.
- Ulcers in the trunk.

அரிகரப்பான்:

“இடைசி றுத்துவன கனிபு ரைத்த மொழி யினிய தானவதரத்தினாய்
துடையி டைக்குள் மிகு விரண மாகியதிற் சூழ்ச லங்க களூமி குந்துநோய்
புடையு நீள் தசை கரைந்து நாட்படவி ருந்து பூதவுடல் வாடினாள்
அடைவு சோரி கரப்ப னையிதைய றிந்து நன்மருந் தாற்றிடே”.

- Ulcers in the genital organs.
- Itching and oozing in the inner aspect of the thigh.
- Emaciation.

ஊது கரப்பான்:

“கேளாய் குளிர் காய்ச்சல் கேடாக் கருங்கழலை
மூளலி தான் பேரல் முயன்று நிற்கும் - நான் தேறும்
பூதம் பேரல் வீங்குவிக்கும் புண்ணாகி முக்கரிக்கும்
ஊது கரப் பான்தோடம் உற்று”.

- Fever with rigor.
- Tumours in the body.
- Itching and ulcers in the nose.
- Generalised oedema.

சூலைக் கரப்பான்:

“பிள்ளை முகம்வாடிப் பேதவெடி மேனியெல்லாம்
சள்ளை பொருந்தித் தவிக்குமே - மெள்ளக்கேள்
வள்ளல் முழங் கால்கை மருவியுண்ணக் கூடாது
தள்ளுமென்றே சூலையது தான்”.

- Ulcers and pain in the body.
- Difficulty in moving both knee and elbow joints .
- General debility.

வெடிக்கரப்பான்:

“அரிவை யேயுடல்க ளெங்கும் வீங்குமசை கீலில் வீங்குமதில் துண்டமாய்
வரிய வீங்கியதி லேவெடித்திடு மிகுந்த வெப்பதுவு மாகவே
திரிகி யேதலை வலித்து மேலும் வெகு தினவு மாகியது வோடினால்
உரியதாகும் வெடி கர்ப்ப னாமென வுகந்து பண்டித முணர்த்திடே”.

- Swelling in the body.
- Pain and swelling all over the joints.
- Itching, headache.
- Fever.

மண்டைக் கரப்பான்:

“ஓடி மண்டைதனி லேபுண் ணாகியுயர் காதிற் சீவழிந்தாறியே
நாடி யேதலைவ லித்து முக்கினில் நயந்து நிரது பிரிந்திடும்
வாடி மெய்யதும் வெப்பமோடு குரல் வளையி னினறினவுமாகவே
கூடல் மண்டைக் கரப்பானெ னப்பரி கார மேலினிக் கூறுவாம்”.

- Itching in the scalp.
- Ear discharge.
- Headache, fever.
- Loss of weight.
- Pain in the throat.

பொரிகரப்பான்:

“மற்று மரெறன வடித்த வாயென வுடற்குளே தடிப்பாகியே
ஏறு மேசிவந் தோடு யேகனத் தெங்கு மேல் வெடித்துள்ளுமே
நீறு போலனல் குளிர்ச்சி யாகி யுழனாவு லர்ந்து நெறி தாழ்த்திடில்
ஆறி டாப் பொறி கரப்பானமென வறிந்து பண்டிதற் தொகுத்திடே”.

- Papules in the body.
- Dryness of mouth.
- Altered sensorium.

சட்டைக் கரப்பான்:

“மங்கை கீலில் வலிகள்ளிப் பூவெனம லர்ந்து வாரியிடு மெய்யினிற்
பொங்கு நீர்ப் பணிகள் போல்வி முந்துடலம் வெப்பமாகி மலஞ் சிக்கியே
துங்க மானசிர நோவு மாகிவளர் தூயவன்னமது துவேடமாம்
தங்கு சட்டைக் கரப்பானே னைச்சிகிச்சை தானே தற்கு விரித்தோதுவாய்.”

- Pain in all the joints.
- Yellowish discolouration of the skin.
- Itching and oozing in the lesion.
- Constipation, headache.
- Fever.

ஓடுகரப்பான்:

"எண்ணு கின்றதொரு கீலிலேவலிக ளேகமாகியது கட்டியே
வண்ண மெய்நரம் பெங்கு மேயிசிவு குத்தலாகிமலபந்தமாய்
நண்ணி யேதினவு மாய்த்தடித்துடலி னாடி வீக்கமு மிகுந்திடிற்
கண்ணி ஓடுகரப்பான் தென்றமுறை கண்டு கொள்ளடி கருத்திலே".

- Pain and swelling in all the joints.
- Constipation.
- Itching, swelling in the body.

கருங்கரப்பான்:

"அறிய கேளாய் கருங்கரப்பான் அழுமே குழவி உடல்வெதும்பும்
செறியு முலையும் உண்ணாது தேகநிறமும் வெவ்வேறாய்க்
கரிய மேனி பசுநரம்பு கதித்தே காட்டும் பரபரத்து
முறுக்கி மிகவுந் துள்ளி விழும் முகமும் பதங்கள் ஊதிடுமே".

- Discolouration of the skin.
- Crying, fever.
- Oedema in the face and lower limbs.

செங்கரப்பான்:

"காய்ச்ச லோடு கடுப் பாகி யூதிடல் கன்றி மெத்தவும ழுன்று பேராய்
மேய்ச்ச லானதின வாகி யெங்கனும்வி யர்க்கு ருவுகள் மிருந்து தான்
பாய்ச்ச லானமுக முங்கறுத்துடல் பரிந்து தானது சிவந்திடில்
சூட்ச மாகி வளர் செங்க ரப்பனைத் தோற்றியே யாவுட தஞ்செயே".

- Itching in the body.
- Macules and papules are present.
- Blackish discolouration of the face.

கொள்ளிக் கரப்பான்:

"கொத்துக் கொள்ளி யின்கரப்பான் குணத்தைக் கேளாய் கேடகிலமே
மற்றும் வயிறுதான் வீங்கி மலமு மடைக்கும் இளைப்புண்டாம்
கத்துங் குரலும் அரையுண்டாங் கனத்த விக்கல் உண்டானால்
பத்தும் பதியும் ஓதுவதேன் பாலன் பிழைப்ப தரிதாமே".

- Abdominal swelling.
- Dyspnoea, constipation.
- Hiccough.

தோடக் கரப்பான்:

"உள்ளு மேலுநளிர் காய்ச்சலாகியுடம் பெங்கும் புண்ணென வழன்றுவாய்
கள்ளுநாறியுடல் தன்னிலே கழலை கண்டு பூதமெ ன வீங்கியே
எள்ளின் மாமலரை யொக்கு மூக்கினி லரித்து நின்றழுது மேங்கினால்
தள்ளு மான்கனின் சாயலாய் கொடிய தோட மானகரப் பானிதே".

- Fever with rigor.
- Papules and nodules in the body.
- Generalised oedema.

வீங்கு கரப்பான்:

"முன்னரே யங்கங்கு மூரிக் கனமுண்டாய்ப்
பின்னரவை புண்ணாய்ப் பெருந்தீயாய் - மன்னியெரிந்
தப்பா முத்தணிந்தவ்வவற்றி நீர் சொரிதல்
தப்பாவீங் குங்கரப்பான் தான்".

- Swelling in various parts of the body.
- Burning sensation in the site of the lesion.
- Itching and oozing.

வாலைக் கரப்பான்:

"காலது கடுக்குஞ் சந்து கண்டமும் வெடித்துப் புண்ணாய்
ஏலவே கடிவிடம் போல் இருந்து பன்னீர்போல் பாய்ந்து
கோலமாய் வற்றி நாளும் குழவியு மொடுங்கு மாகில்
மாலருங் குழலாய் வால கரப்பான் செய்வாறு தானே".

- Pain in the lower extremities.
- Appearance of vesicles, oozing, bullae, papules.
- Foul smelling discharge in the ulcers.

Prognosis of Karappan (சாத்தியம் - அசாத்தியம்)

கொள்ளி கரப்பான் - அசாத்தியம்

சாத்தியம் - மற்ற 17 வகைகள்.

வரள்கரப்பான் - சாத்தியம்

THRIDHOSHA THEORY

In Siddha System, the manifestations of all diseases are the result of derangement of three dhoshas i.e. VAATHA, PITHTHA and KABHA. According to Noi Nadal and Noi Muthal Nadal Thirattu and Siddha Maruthuvam texts, the prime factor, which involves in skin diseases is vaatham.

“வாதமலரது மேனி கெடரது” - தேரையர்.

Vitiation of Vatha due to food and activities etc., leads to vitiation of saaram, and senneer of udal kattugal. This initially affects the colour of the skin. In due course, in addition of Vaatha, derangement of Piththa and Kabha also occurs and the disease progresses. Finally the Kabha predominantly increased.

According to the theory of siddhars, the human body is composed of 96 THATHUS including Panchapoothams and Thridhosha. The siddha system of medicine is based on the Thridhosha theory. This includes the three humors, they are Vaatha, Piththa and Kabha. These three humors are primarily and essential constitutional factors of the human body. These factors exist in 1: 1/2 : 1/4 ratio respectively in the normal body. This normal existence is responsible for the proper functioning of the body. Any alteration in the above ratio can cause disease in the body like Vaatha disease, Piththa disease and Kabha disease.

VAATHA: (VAYU)

Vayu is classified into ten types according to its origin and function.

1. PRAANAN:

This is located in heart and lungs to nose. Its functions are controls mind and five objects of sense, useful for breathing, expectoration, coughing and sneezing.

2. ABAANAN:

It is located in lower abdomen and extremities. Its functions are responsible for passing urine, stools, sperm, menstrual flow and fetus. And also responsible for the proper mobilization of digestive extracts. In Varal Karappan ,Abaanan is affected. Constipation present.

3. SAMAANAN:

It is located in the stomach. It is responsible for proper digestion, and distributes the digestive extract to all parts of the body. In Varal Karappan ,Samaanan is affected.

4. VIYAANAN:

It is located mainly in the heart. Its functions are responsible for movements of all parts of the body. In Varal Karappan, Viyaanan is affected. Papules present in all over the body. Itching and oozing also present.

5. UTHAANAN:

It is located in the chest. Its functions are responsible for speech and also for complexion, mental strength and hard work.

6. NAAGAN:

It is located in the eyes. It is responsible for opening and closing of the eyes.

7. KOORMAN:

It is located in heart and eyes. It is responsible for vision and yawning and also for lacrimation.

8. KIRUKARAN:

It is located in the tongue. It is responsible for salivation, nasal secretion, appetite and also for sneezing and cough. Kirukaran is affected in Varal Karappan. Loss of appetite is present.

9. THEVATHATHAN:

It is located in rectum and genitalia. It is responsible for laziness, sleep and anger.

10. THANANJEYAN:

It is located in nose. It is responsible for swelling of the body, makes noise in the ear, separate the suture of the skull after death.

PITHTHA:

Piththa represents “Theyu”. It is classified into 5 types.

1. ANALAM:

This gives appetite and responsible for the change of liquid state into solid state of food substances and for proper digestion.

2. RANJAGAM:

Converts the food extracts into blood and gives red colour to blood. It is also stimulate the synthesis of blood.

3. SAATHAGAM:

It is situated in the heart and determines its work according to mind knowledge and devotion.

4. AALOSAGAM:

This is responsible for vision and brightens the eyes.

5. PIRASAGAM:

Gives complexion and brightness to the skin. In Varal Karappan Pirasagam is affected due to papules present in all over the body. Itching and oozing also present.

KABHA:

Kabha is divided into 5 types.

1. AVALAMBAGAM:

It is located in the lungs. It is named “Avalambagam”, because it is being the co-ordination of other four types of kabha.

2. KILETHAM:

It is located in the tongue and makes the food moist and soft.

3. POTHAGAM:

It is located in the tongue and responsible for the sensation of taste.

4. THARPAGAM:

Situated in the head and responsible for the coolness of eyes.

5. SANTHIGAM:

Situated in the joints and responsible for the lubrication and free movements of the joints.

Combination of five elements in Thridhosha:

| | | |
|---------|---|-------------|
| Vaatha | - | Vali + Vinn |
| Piththa | - | Thee + Thee |
| Kabha | - | Mann + Neer |

TASTE

Taste involved in the development of disease, and also in treatment.

The five elemental combinations of tastes:

| | | |
|------------|---|-------------|
| Sweet | - | Mann + Neer |
| Sour | - | Mann + Thee |
| Salt | - | Neer + Thee |
| Bitter | - | Vali + Veli |
| Pungent | - | Vali + Thee |
| Astringent | - | Mann + Vali |

UDAL KATTUGAL:

Our body consists of seven Udal Kattugal. They are,

1. SAARAM:

It is the final product of the digestive process, which strengthens the body and mind and nourishes the blood.

2. SENNEER:

The saaram after absorption is converted into senneer. It is responsible for knowledge, strength, boldness and healthy complexion. Imparts colour to body and nourishes the muscles.

3. OON:

The musculature will give structure and shape of the body. The well built or thin built is due to the muscle formations.

4. KOZHUPPU:

Lubricates the organs and thus facilitates their functions and maintains oily matter of the body.

5. ENBU:

Forms the basic skeletal structure of the body. Responsible for locomotion and protection of vital organs.

6. MOOLAI:

Present inside the bones which strengthens and maintain the normal conditions of the bone.

7. SUCKILAM (OR) SURONITHAM:

Responsible for the propagation of species.

PARUVAKAALAM (Season)

The whole year is constructed by 6 seasons as perumpozhuthu.

They are known as.

1. Karkaalam - Auvani and Purattasi - August and September.
2. Koothirkaalam - Iyppasi and Karthigai - October and November.
3. Munpanikaalam - Markazhi and Thai - December and January.
4. Pinpanikaalam - Masi and Panguni - February and March.
5. Elavenilkaalam - Chithirai and Vaigasi - April and May.
6. Mudhuvenil Kaalam - Aani and Aadi - June and July.

The Sirupozhuthu, the minor classifications of time of a day has been divided into Vaikarai, Kalai, Munpagal, Pinpagal, Maalai, Iravu and Yaamam.

The disease were triggered in a specific time period of a season and of a day. The siddhars have been anticipated the seasonal changes and advised certain measures in the name of “Kaala Ozhukam” to avoid the onset of such ailments.

PINIYARI MURAIMAI (OR) ENVAGAI THERVUGAL (Diagnosis)

Piniyari muraimai is the method of diagnosing the disease. It is based upon the following principles. They are,

1. Poriyaalarithal.
2. Pulanalarithal.
3. Vinaadhal.

1. Poriyaalarithal:

Pori is the five organs of Perception. They are nose, tongue, eyes, ears and skin. Poriyalarithal is examining the pori of the patient by the Physician.

2. Pulanaalarithal:

Pulan is the five object of sense namely smell, taste, sight, sensation and sound. Pulanarithal is the examination of the pulan of the patient by the physician.

3. Vinaadhal:

By Interrogation the physician knows about the patients name, age occupation, native place, socio-economic status, family history, diet habits, prone for any allergens, period of illness, history of previous episode, frequency of attacks by change of season, relevant history of treatment and habits etc.

Envagai Thervugal (OR) Piniyari Muraimai.

Envagai Thervugal is the siddhars diagnostic methods. This is described as,

“நாடிப்பரிசம் நாநிறம் மொழிவிழி
மலம் மூத்திரமிவை மருத்துவராயுதம்”

- நோய்நாடல் நோய்முதனாடல் திரட்டு - பாகம் I

“தரணியுள்ள வியாதி தன்னை யட்டாங்கத்தால்
தானறிய வேண்டுவது யேதோ வென்னில்
திரணியதோர் நாடி கண்கள் சத்தத்தோடு
தேகத்தினது பரிசம் வருணம் நாக்கு
யிரணமல மூத்திரம மிவைக ளெட்டும்
யுதம்படவே தான் பார்த்துக் குறிப்புக்கண்டு
புரணருளால் பெரியோர்கள் பாதம் போற்றிப்
பண்பு தவறாமல் பண்டிதற் செய்வீரே”

- குணவாகட நாடி

In Agasthiyar Vaidhya Vallathi – 600, Envagi Thervugal has been mentioned as “Attavitha Paritchai”,

“தொகுக்கலுற்ற அட்டவிதப் பரீட்சை தன்னை
துலக்கமுறும் பண்டிதரே தெளிவதாகப்
பகுக்கரிய நாடியை நீ பிடித்துப்பாரு
பகர்கின்ற வார்த்தையைப்பார் நாவைப்பாரு
வகுக்குரிய தேகமெனத் தொடர்புப்பாரு,
வளமான சரீரத்தின் நிறத்தைப் பாரு
சகிக்கரிய மலத்தைப்பாரு சலத்தைப் பாரு
சுந்நத விழி தனைப் பார்த்து தெளிவாய்க் கரணே

- அகத்தியர் வைத்திய வல்லாதி 600

Envagai thervugal are,

1. Naa
2. Niram
3. Mozhi
4. Vizhi
5. Sparisam
6. Malam
7. Moothiram
8. Naadi

1. Naa(Tongue)

The tongue is the organ of taste and speech. We perceive taste, through the tongue when it is wet. Dry tongue cannot perceive taste. The tongue is also the vital organ of speech, used to convey in words, the thoughts, concepts, ideas and feelings. Examination of this important organ reveals the totality of what is happening in the body.

Look the patients tongue, observe the size, shape, surface, margins and colour.

2. Niram(Colour of the skin)

Colour indicating Vaatha, Piththa, Kabha and Tridhasas, yellow or pallor or black or redness of the skin, any bluish discolouration of the face, conjunctiva and nail beds.

In Varal Karrappan blackish discolouration present in the affected area.

3. Mozhi(Voice)

Clarity of speech (or) any disturbances, loud voice, slurring, crying, talk induced by hallucination, breathlessness can be made out. Different respiratory sound and abnormal sounds are also observed.

4. Vizhi(Eye)

Eyes that are small and blink frequently show a predominance of Vaatha in the body. Excessive blink shows deep-seated nervousness and anxiety or fear. A drooping upper eyelid indicates a deranged Vaatha.

Any abnormal change of colour, shape of eye, size of the pupil, lacrimation, bleeding, eyelashes and eyebrows must be noted.

5. Sparisam

Dryness of the body, temperature state of the body, sweating, oozing, enlargement of viscera, malnutrition, any palpable mass, tenderness, touch sensation, fissured skin, thickening of hair, loss of hair, chillness of palm, sole, nose, ear, abdomen, roughness of the skin, thickening, patches, pigmentation, itch, vesicles, ulcer, emaciation and oedema are noted.

In Varal Karappan ,the skin is rough, oozing, thickening are found.

6. Malam(Faeces)

Quantity, colour, odour, froth, consistency including indigestion, blood stained, mucus content, frequency, constipation etc.

7. Moothiram

Quantity, colour, froth, frequency, retention, deposit, heaviness, presence of abnormal constituents like albumin, sugar and deposits etc.

8. Naadi

The examination of Naadi is used in diagnosis and prognosis of the disease. Any have in general, the changes in thridhosha is best diagnosed by feeling the Naadi. The power of Naadi manifests in the body the three vital forces namely Vaatha, Piththa and Kabha, these three Uyirathukkal which organise, regularise, and integrate the life activities in each and every live being.

Kabha Naadi generally affected in skin diseases, including Varal karappan.

This is quoted as follows,

“தானமுள்ள சேத்துமந்தானிகில் வெப்பு

சயமீளை இருமல் மந்தார கரசம்

ஈனமுறுஞ் சன்னி விடதோடம் விக்கல்

யிருத் ரோகம் கரப்பான் விரணதோடம்

“மானனையீர் சூலை திரள் வியாதி வீக்கம்
வருஞ் சத்தி சுவாசம் நெஞ்சடைப்பு தூக்கம்
ஏனமுறுங் காமாலை பாண்டு சோபை
ஏழுகரங்கள் பல துக்கும் விடமுண்டாமே”

- சதக நாடி

It is also stated that if vitiated Vaatha is mixed with raised ushnam, it indicates the skin disease, Varal karappan. This is known as,

“சிறப்பான வாதத்தி லுட்டினக் கால்தானே
சேர்ந்திடுகி லதிசார முளைச்சல்
உரைப்பான பொருமலோடு அக்கினி மந்தம்
உண்டாகும் நீர்ச் சிவப்பு பிரமேகங்கள்
பிறப்போடு மதாகி நீர் கரப்பான் ரத்தம்
பிரமேகம் பெரும்பாடு புறநீர்க் கோர்வை
அறப்பான வாயு சூலை சேத்தும ரோகம்
ஆனபல பிணிகளுமே வந்தடங்குந்தானே”

-சதகநாடி

NEERKURI AND NEIKURI

Based upon the clinical features of a disease and Naadi, the diagnosis is further confirmed by the support of Neerkuri and Neikuri

“அருந்துமா றிரதமும் அவிரோதமதாய்
அ.:கல் அலர்தல் அகாலவூண் தவிர்ந்தழற்
குற்றளவருந்தி உறங்கி வைகறை
ஆடிக்கலசத் தாலியே காது பெய்
தொரு முகூர்த்தக் கலைக்குட்படு நீரின்
நிறக்குறி நெய்க்குறி நிருமித்தல் கடனே”

- சித்த மருத்துவாங்கச் சுருக்கம்

The patient must take well-cooked food in the previous day. The intake must be proportionate to the degree of his appetite. Food intake should be taken, at appropriate time. He must have sound sleep on the previous night. The urine is collected on the dawn of the next day in a glass container and closed immediately to prevent from the contact of external atmosphere. This specimen must be examined within 1 1/2 hours. This procedure should be followed strictly in order to get accurate reading of Neerkuri and Neikuri.

NEIKURI:

The diagnosis and prognosis of dhosha, derangement of the diseases are studied on the basis of the behaviour by drop of gingely oil on the surface of the urine kept in a wide vessel in the sunlight.

Methods for the determination of three dhosha's derangement by adding a drop of oil in the urine as follows.

“நிறக்குறிக் குரைத்த நிருமண நீரிற்

சிறக்க வெண்ணெயோர் சிறுதுளி நடுவிடுத்

தென்றுறத் திறந்ததொலி யேகா தமைந்ததி

னின்ற திவலைபேரம் நெறிவிழியறிவும்

ஒன்றது புகலுஞ் செய்தியை யுணரே”.

- நோய்நாடல் நோய்முதல்நாடல் - பாகம் 1

The process of oil indication:

The urine specimen is collected and analysed as follows.

The specimen is kept in a glass dish, well exposed to sunlight. It should not be disturbed by the wind. Then add one drop of gingely oil by a glass rod. Observe keenly about the position and spreading of the oil drop.

“அரவென நீண்டி.ன.தே வாதம்”

“ஆழிபேரற் பரவின் அ.தே பித்தம்”

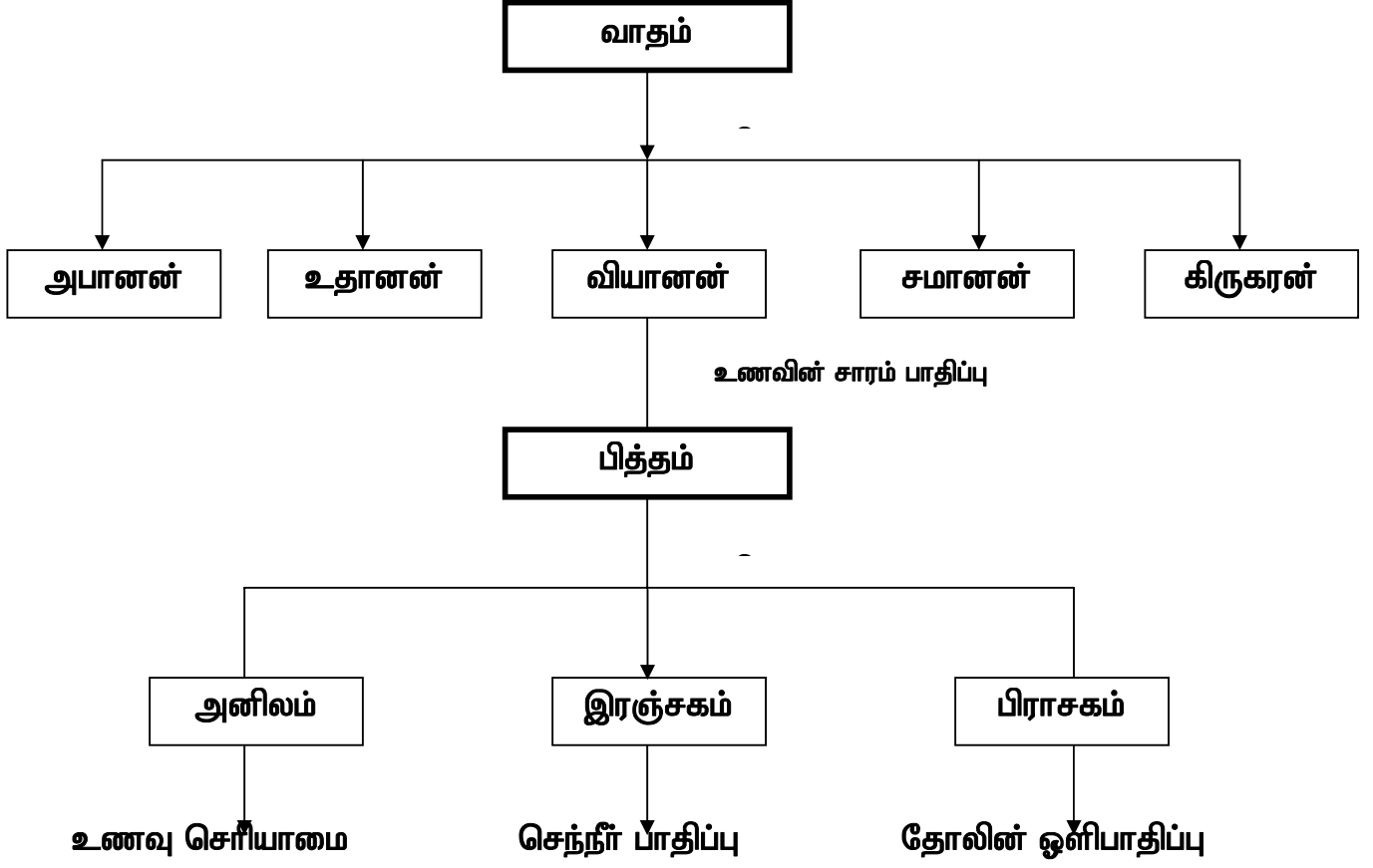
“முத்தொத்து நிற்கின் மொழிவதென் கபமே”

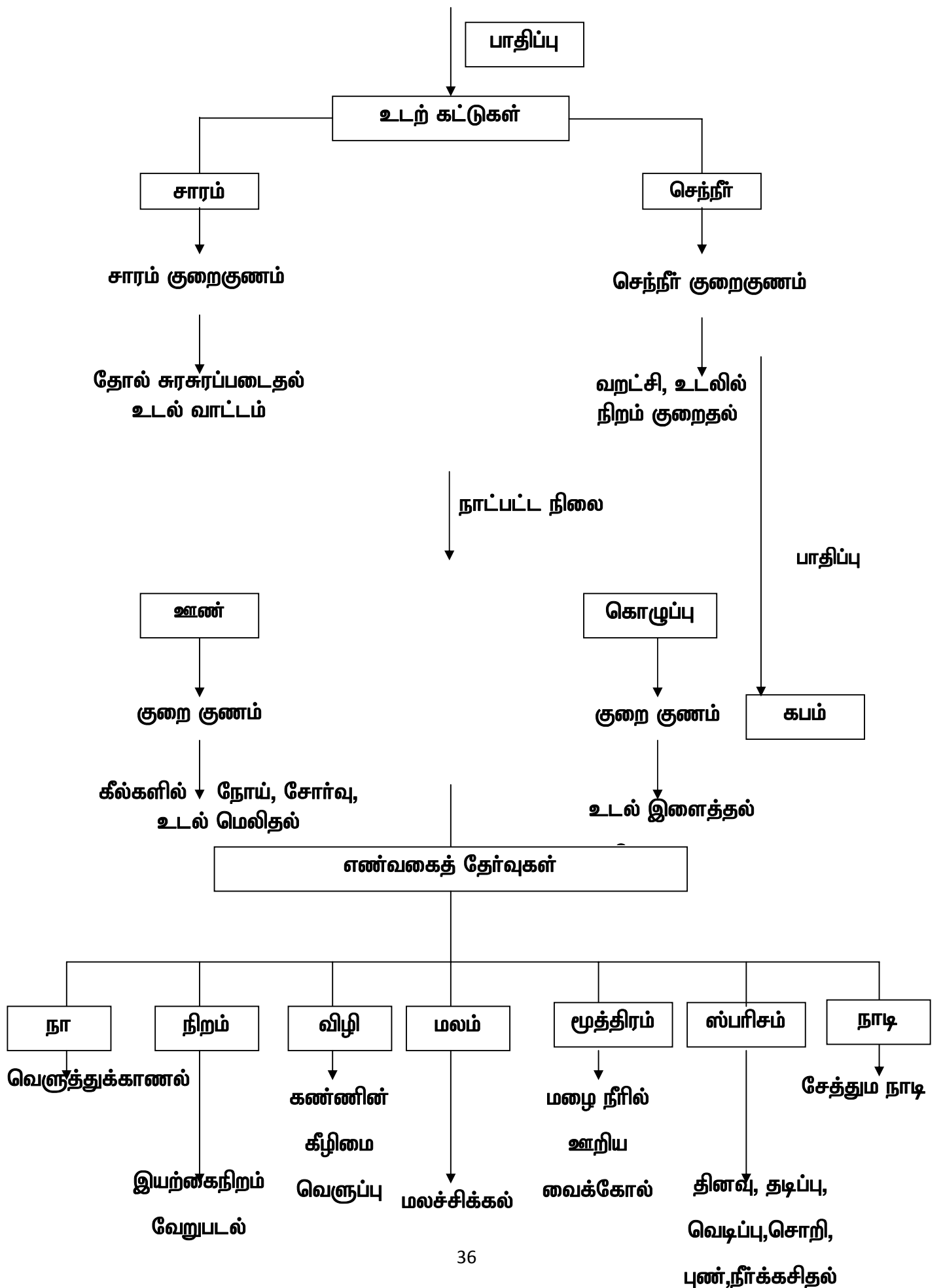
If a drop of oil spreads like a snake it indicates the Vaatha disease, it spreads like a ring it indicates Piththa disease, and it spreads like a pearl it indicates Kabha disease.

In Varal Karappan, the oil spreads like a pearl indicates Kabha neer.

வளி பாதிக்கப்பட்டு,படிப்படியாக வரள்கரப்பான் உண்டாவதை காட்டும்

விளக்கப்படம்





வாதம் பாதிக்கப்படுவதால் மேனி கேடடைகிறது. அதாவது தோல் நோயான வரள்கரப்பானில் உணவாதி செயல் மாறுபாட்டால் வளிக்குற்றம் முதலாவது கேடடைகிறது.

வாதம் என்ற வளியின் 10வகைகளுள் அடங்கிய அபானன், உதானன், வியானன், சமானன், கிருகரன் ஆகியவை பாதிக்கப்படுவதால், அன்னசாரம் சேரவேண்டிய இடங்களில் சேர்ப்பிக்கப்படாமல் பாதிக்கப்படுகிறது.

சாரம் பாதிக்கப்படுவதால், இரஞ்சகம் செந்நீரை மிகுதிப்படுத்த முடியாமல் செந்நீர் குறை குணமாகிறது.

பிராசகம் பாதிக்கப்பட்டு, தோலின் ஒளி குறைகிறது. அதாவது நிறமாற்றம், திமிர், தினவு, தடிப்பு, வெடிப்பு, புண், நீர்க்கசிதல் போன்ற வரள்கரப்பானின் குறிகுணங்கள் உண்டாகிறது.

அனிலம் பாதிக்கப்படுவதால், உணவு செரிப்பில் பாதிப்பு ஏற்படுகிறது.

ஏழு உடற்கட்டுகளுள் அடங்கிய சாரம் பாதிக்கப்படுவதால், சாரம் குறைகுணம் ஏற்பட்டு, அதன் குணங்களாகிய தோல் சுரகரப்படாதல், உடல் வாட்டம் உண்டாகிறது.

செந்நீர் பாதிக்கப்பட்டு, செந்நீர் குறைகுணம் ஏற்பட்டு, அதன் குணங்களாகிய வறட்சி, உடலில் நிறம் குறைதல் உண்டாகிறது.

நோய்க்கு மருத்துவம் மேற்கொள்ளாமல் நாட்பட்ட நிலையாகும் பொழுது, கொழுப்பு மற்றும் ஊண் குறைகுணமும் உண்டாகி, உடல் இளைத்தல், கீல்களில்நோய், சோர்வு, வன்மைகுறைதல் போன்ற குறிகுணங்கள் ஏற்படுகின்றன.

மேற்கண்ட மாற்றங்களால், எண்வகைத் தேர்வின் போது, நிறம் என்ற கணிப்பில் இயற்கை நிறம் வேறுபட்டு, பாதிக்கப்பட்ட பகுதிகளில் கறுப்பு நிறம் காணப்படுகிறது.

நா என்ற கணிப்பில், செந்நீர் குறைகுணம் காரணமாக நாவெழுத்துக் காணப்பட்டது.

ஸ்பரிசம் என்ற கணிப்பில் தடிப்பு,வெடிப்பு, தினவு, சொறி, புண், உடல் இளைத்தல் காணப்பட்டது.

மலம் என்ற கணிப்பில் வளிமாறுபாட்டால், அபானனின் செயல் குறைகுணம் காரணமாக மலச்சிக்கல் காணப்படுகிறது.

மூத்திரம் என்ற கணிப்பில், வளி மாறுபாட்டால் சீரணக் குறைவு காரணமாக, சீரண அபக்குவ நீர் நிறமான மழை நீரில் ஊறிய வைக்கோல் நிறம் காணப்படுகிறது.

நாடி-கணிப்பில் சேத்துமநாடி காணப்படவேண்டும். குழந்தைகளில் நாடிநடை சரியாகக் கணிக்க முடியாது எனக் கூறப்பட்டுள்ளதால், தொந்த நாடியாக வாத கபம் காணப்படுகிறது.

சேத்துமநாடிக்கான காரணம் ஐயம் வாழுமிடங்களாகக் கூறப்பட்டுள்ள, குருதி, கொழுப்பு, சமானவாயு போன்றவை பாதிக்கப்பட்டுள்ளதேயாகும்.

ஐயம் வாழுமிடங்கள் பாதிக்கப்பட்டு, அதன் தொழில் மாறுபடுவதால், நெய்க்குறியும் முத்தொத்து நின்று கபநீராகக் காணப்பட்டது.

NOI KANIPPU VIVAATHAM (Differential diagnosis)

Varal Karrappan must be differentiated from Ari Karappan and Vaalai Karappan.

ARI KARAPPAN:

This is described in “PATHINEN SIDDHAR BALA VAGADA THIRATTU”. It also occurs in Children.

The initial lesions like Varal Karappan occur over the penis or the vulva.

Ari Karappan then ulcerates further and eventually erodes the adjoining tissues. This then becomes like a puttru. The whole body becomes wasted out. These features totally absent in Varal Karappan. The verses for Ari Karappam is as follows.

“உற்ற அரி கரப்பான் ஓதக்கேள் ஓண்டொடியீர்
மற்ற லிங்க யோனிகளில் வந்திடும் புற்றுடலில்
ஆறாமற் புண்ணரிக்கும் உருவழிக்கும்
மறறது இக்குணத்தின் வற்று.”

- பாலவாகடம் பக்கம் 247

VAALAI KARAPPAN:

According to PATHINEN SIDDHAR BALAVAGADA THIRATTU describes symptoms of Vaalai Karappan are that there is Varal Karappan like lesions first on the neck and joints and then spreads all over the body. The lesions then become ulcers and oozing of fluid

from these lesions along with bleed, the body becomes emaciated and tremors occur. There is no itching in Vaalai Karappan. The verses as follows.

"காலது கடுக்குந் சந்து கண்டமும் வெடித்துப் புண்ணாய்

ஏலவே கடிவிடம் பேல் இருந்து பன்னீர் பேல் பாய்ந்து

கோலமாய் வற்றி நாளும் குழுவியு மொடுங்கு மாகில்

மாலருங் குழலாய் வால கரப்பான் செய்வாறு தானே."

- பாலவாகடம் பக்கம் 255

LINE OF TREATMENT

It Consists of

1. Administration of Internal Medicine
2. Application of External Medicine
3. Pathiyam or diet restriction to normalize the vitiated dhosas and to maintain good drug action.
4. Advice personal hygiene.

Prior to the main treatment, the above principles will be followed to regulate the affected kutram. In Varal Karappan ,Vatha affected mainly then Piththa and Kabha.

“வாதமலகு மேனி கெடாது”

- தேரர்

“விரேசனத்தால் வாதம் தரமும்”

“குட்டமது விட கரப்பான் விடநீச்சுலை”

.....

தட்டறவே கிருமியுட நீரால் வந்த

சகலகுட்டம் விடகரப்பான் சாற்றவாமே.”

- நோய்நாடல் நோய்

முதல் நாடல் பாகம் 1

In this case, the Siddha text has specified an anthelmintic along with laxative to be given before the starting of the main drug. Nilavakai chooranam was prescribed as a laxative.

Administration of Internal Medicine:

All the 20 In-Patients & 55 out patients were given with Kodiveli Chooranam thrice a day with honey and the prognosis was noted.

Dose:

The dose of the medicine was adjusted according to the age and weight of the children and severity of the disease.

| Age | Dose |
|-------------|------------|
| 1 – 3 Years | 250-300 mg |
| 3 – 6 Years | 300-500mg |
| 6-12 Years | 500-1gm |

Anupanam in Siddha System:

“அனுபானத்தாலே யலிழ்தும் பலிக்கும்

இனிதான சுக்கு கன்னல் இஞ்சி - மினுமுதகரல

கோமேயம் பால் முலைப்பால் கோநெய் தேன் வெற்றிலை நீர்

ஆமிதை யாராய்ந்து செய்யலாம்”

- தேரையர் வெண்பா.

Siddha system considers anupanam is an important adjuvant of the drug than the medicine itself. In this work, author used honey as anupanam for Kodiveli Chooranam. Due to its sweet taste administration of medicine to children was easy.

Application of External medicine:

All the twenty inpatients were treated with Maruthampattai Thylam externally and Kuppaimeni Podi is used as dusting powder. It was applied twice a day.

Pathiyam:

Diet restrictions are important for good drug action and also to normalize the vitiated dhosas. For Varal Karappan the patients were strictly advised to avoid the following items.

| | | |
|---------------|---|--------------------------------|
| Agathi Keerai | - | Leaves of sesbania grandiflora |
| Pagalkai | - | Bitter gourd |
| Poosanikai | - | Great Pumpkin |
| Perum Payara | - | Cow – Grain |
| Kaanam | - | Horse gram |
| Motchai | - | Flac bean |
| Palapazham | - | Jackfruit |
| Cholam | - | Maize |
| Kambu | - | Pear Millet |

Gingely oil

Dried fish and some types of fish.

Advising personal hygiene:

The following measures are strictly advised to follow for the early cure and to avoid recurrences.

- ❖ The patients were advised to avoid over crowding.
- ❖ They were advised to take bath atleast once a day in luke warm water.
- ❖ They were advised to use nalungu maa, pasi payaru maa or kadalai purappu maa instead of soap.
- ❖ They were advised to avoid bathing in public tank.
- ❖ They were advised to change clothes daily.
- ❖ School going children were advised to take leave to prevent spread of the disease to other children.
- ❖ All the family members affected by this disease were advised to take medicines at the same period.
- ❖ All the patients were advised to have rich diet containing green vegetables to normalize the deranged dhosas.

MODERN ASPECT

SKIN ANATOMY

Embryology:

Origin of the skin:

The skin arises by the juxtaposition of two major embryological elements. Epidermis which originates from a surface area of the early gastrula and the prospective mesoderm which is brought in to contact with the inner surface of the epidermis during gastrulation. The neural crest also makes an important contribution to the skin, namely the pigment cells

Epidermis begins to develop in the third week of foetal life. Sebaceous glands are at first solid, hemispherical protuberances on the posterior surface of the hair pegs. Nails begin to develop in the third month. Melanocytes begin to develop in the third month. Melanocytes begin in before 4-6 months of gestation, from the neural crest.

The skin is composed of a superficial epithelial layer –Epidermis and underlying connective tissue layer – Dermis (or) corium. Beneath the corium is another connective tissue layer - Hypodermis (or) subcutaneous layer.

EPIDERMIS:

The epidermis is formed by non-vascular stratified epithelium. It's usual thickness is between 0.07 mm and 0.12mm. The epidermis is mainly two divisible, they are keratinizing (or) Malphigian system (Keratinocytes) which forms the bulk and the pigmentary system (Melanocytes) which produces the pigment.

Seven layers are present in the epidermis. They are,

1. Stratum Germinatum (or) Stratum Basale:

This is the deepest portion of the epidermis and is composed of columnar cells placed perpendicular to the skin surface. The whole of the epidermis germinates from the stratum, hence the name stratum Germinatum.

2. Stratum Malpighi (or) The prickle cell layer:

It is superficial to the basal cell layer, and is composed of several layers of polyhedral cells connected to each other by intercellular bridges.

3. Stratum Granulosum:

It is composed of flat, fusiform cells which are one to three layers thick. It is superficial to the stratum Malpighi. These cells contain pores, regular granules of keratohyalin.

4. Stratum Lucidum:

It is pale and waxy looking layer, present superficial to the stratum granulosum.

5. Stratum corneum:

This is most superficial layer, the outer surface which is exposed to the atmosphere. It consists of many layers of non nucleated, flattened cornified cells.

6. Dendritic cells of Epidermis:

These are melanocytes, Langerhan's cells and indeterminate cells. The melanocytes are the pigment producing cells. The cells of langerhan are found about the middle of epidermis.

7. Basal Lamina (Basement Membrane)

Dermal side of the basal lamina contains few scattered collagen fibres.

DERMIS:

The dermis which is bounded distally by its junction with the epidermis and proximally by the subcutaneous fat. The basis of the dermis is a supporting matrix (or) ground substance which are polysaccharides. The matrix contain two kinds of protein. They are,

- a) Collagen - Which has great tensile strength
- b) Elastin - Which has considerable elasticity

Hair follicles, various types of sebaceous and sweat glands, plain muscle fibres like and adipose tissue are seen in the microscopic section of the dermis.

The dermis contains few cells, which are fibroblasts or mast cells, histocytes (or) macrophages, lymphocytes (or) other leucocytes and melanocytes. In the deeper layer of dermis, then in arteriovenous anastomosis surrounded by sphincter the group of smooth muscles under autonomic control.

SEBACEOUS GLANDS:

They are situated in the upper half of corium. The sebaceous glands are derived from the epithelial cells of the hair follicle and are present every where in the skin except on the palms and soles.

They are multilobulated and covered by a connective tissue capsule which is in a layer of small epithelial cells. As these cells mature towards the centre of the lobules they enlarge, their cytoplasm becoming arranged in a delicate network surrounding globular of fat (sebum). Towards the duct the whole cell disintegrates, lobulating its fat, the glands therefore being classified as a holocrine glands.

SWEAT GLANDS:

These are found in all areas of the skin. The sweat glands originate as downgrowths from the epidermis. These consist of a single unbranched tube which terminates in the form of a coil in the mid –

corium. The coil is the secretory segment and is lined by a single layer of epithelial cells. The duct runs straight upwards from it to the epidermis, which it transverses in a corkscrew manner to open on the surface at the pore. The latter is converted by a loose meshwork of horn cells.

APOCRINE GLANDS:

They occur in the axillae, areola and nipples of breasts, umbilicus around the anus and the genitalia. The myo-epithelial cells are highly developed and more abundant in these glands. They are specified sweat glands and their secretion is odoriferous with a secondary sexual significance.

HAIR:

Hair is found on almost every part of the body surface except on the palms and the soles, the dorsal surface of the terminal phalanges, the inner surface of the labia, the inner surface of the prepuce and the glands penis. Hair growth and development is under endocrine control.

NAILS:

These are semi transparent plate like structures, covering the dorsal surfaces of the distal phalanges of the fingers and toes. The nails are composed of many layers of flattened keratinized cells fused into a homogenous mass. They arise from epidermis lining an invagination of skin at the base of the nail. This specialised epidermis known as the nail matrix. The invagination of skin at the base of the nail is called the nail fold.

BLOOD VESSELS:

The blood supply of the skin originates from a large number of arteriess forming anastomosis in the deepest part of the cortex. From here single vessels ran upwards and forming second network in the upper cortex. Finally terminal arterioles ascend into the pupillae end in capillary loops, which drain into connecting venules.

NERVE SUPPLY:

The nerve supply of the skin consists of a motor sympathetic portion derived from the sympathetic ganglia and sensory spinal portion arising from the dorsal root ganglia.

PHYSIOLOGY:

1. Protective function
2. Immunological function
3. Sensory functions
4. Secretion and excretion
5. Synthesis of vitamin 'D'
6. Body heat Regulation
7. Endocrine functions
8. Storage function of skin
9. Absorption
10. Gaseous exchange through skin.

SCABIES

The signs and symptoms of **Varal Karappan** may be correlated with the clinical features of **Scabies**. The Modern aspect of Scabies is discussed here.

Definition:

It is a form of itching dermatosis characterized by epidermal burrows, pruritic inflammatory papules and nodules caused by female *sarcoptes scabiei* or its products.

PARASITOLOGY:

Sarcoptes scabiei Var hominis has an ovoid body, flattened dorsoventrally. The adult female measures approximately 0.4mm long by 0.3mm broad, and the smaller male 0.2mm long by 0.15mm broad. The body is creamy white and it is marked by transverse corrugations and on its dorsal surface by bristles and spines (denticles). There are four pairs of short legs the anterior two pairs end in elongated peduncles tipped with small suckers. In the female the rear two pairs of legs end in long bristles (setae) where as in the male bristles are present on the third pair and elongated peduncles on the fourth.

Copulation occurs in a small burrow excavated by the female. After copulation, the fertilized female enlarges the burrow and lays eggs. The burrow is not confined to the stratum corneum, but is inclined downwards in to the epidermis. Gradual penetration appears to occur as a

result of the production of a lytic secretion by the mite, which then propels itself forward as the host tissue is dissolved. The burrow is lengthened by approximately 2-3mm daily . Eggs and mite faeces are deposited behind the female in the burrow. Six – legged larvae emerge from the eggs after 3 days and escape from the burrow by cutting way through its roof. The larvae then dig short burrows (Moulding Pockets) in which they transform into nymphs. After further moults adult males and females develop.

The mites show a preference for certain sites in which to burrow, and appear to avoid areas with a high density of pilosebaceous follicles. The average number of adult female mites on an individual suffering from the common form of scabies is about 12. Only in crusted (Norwegian) Scabies are large numbers of mites are present.

INCIDENCE AND EPIDEMIOLOGY

Scabies affects all races and social classes world –wide. It is most common in children and young adults, but may occur at any age. The over all sex incidence is probably equal, where as all racial groups are susceptible.

There are some differences in incidence. These are probably related to customs and social factors rather than inherent susceptibility.

Overcrowding which is common in the under developed countries and is almost invariably associated with poverty and poor hygiene,

encourages the spread of scabies. Scabies is usually transmitted by close physical contact, such as prolonged hand – holding or the sharing of a bed. Indirect spread by clothing or even by sexual contact. Fertilized female mites are responsible for transmission, although there is no firm evidence, and it seems unlikely in view of their relatively small numbers and inclination to remain within their burrows.

IMMUNOLOGY:

Allergic sensitivity to the mite or its products appears to play an important role in determining the development of lesions other than burrows and producing pruritis.

Evidence suggests that both immediate and delayed hyper sensitivity involved some patients show high levels of IgE. Involvement of delayed – type hypersensitivity in the production of inflammatory papules and nodules is suggested by the histological changes and predominance of T-Lymphocytes in the cutaneous infiltrate.

Other immunological findings include high serum IgG and IgM, and low IgA with levels returning to normal after treatment. IgM and C₃ deposits have been demonstrated at the dermoepidermal junction in the region of burrows and circulating immune complexes have been found in the serum after treatment of scabies.

PATHOGENESIS:

Scanning electron microscope reveals the keratinocytes around the burrow to be compacted, indicating that the mite physically forces its way in between the keratinocytes, rather than chewing a passage. The burrow is essentially a tunnel within the stratum corneum, formed as the mite burrows down to the live stratum granulosum for nourishment.

HISTO PATHOLOGY:

Histologic examination of a specimen containing a burrow reveals that the burrow in almost its entire length is located within the horny layer. Only the extreme blind end of the burrow, where the female mite is situated, extends 400 μm in length.

Spongiosis is present in the stratum malphigtui near the mite to such extent the formation of a vesicle is often the result. Even if no mite is found in the sections the presence of eggs containing larvae, egg shells, or fecal deposits within the horny layer is indicative of scabies. The dermal infiltrate in sections containing mites shows varying numbers of eosinophils. Papular lesions not containing mites show a non-specific picture in which eosinophils generally are absent.

In persistent nodular scabies is a dense, chronic inflammatory infiltrate in which eosinophils may be present. The blood vessels may have thickened walls and there may even be vasculitis with fibrinoid deposits and inflammatory cells within the vessel walls. Atypical

mononuclear cells may be found, and in some instances, the nodules show. A histologic picture resembling lymphoma. Mites are hardly ever found in the nodules.

CLINICAL FEATURES:

ITCHING:

Itching is usually the most obvious manifestation of scabies. It is generally worse at night and when the patient is warm. The onset occurs 3-4 weeks after the infection is acquired, and coincides with a widespread eruption of inflammatory papules. Re-infection of a previously cured individual, however provokes immediate symptoms, which suggests that the generalized eruption is a true sensitization phenomenon.

BURROWS:

The pathognomonic lesions of scabies are burrows, which appear as slightly raised, brownish, tortuous lesions. The point of entry of the mite, the most superficial part of the burrow, has a slightly scaly appearance, and at the distal end there may be tiny vesicle, adjacent to which is the female mite. There may be few or many burrows and in patients with high standards of hygiene they may be difficult to find. They may occur on the wrists, the borders of hands, the sides of fingers, and the finger web spaces, the feet, particularly the instep and, in the male the genitalia. They are often present on the palms and soles of young

children and may occur on the palms in women, though uncommonly in men. Burrows on the trunk are uncommon in adults, but may be found in the elderly and are not unusual in infants. They may be seen on the head and neck in babies but not normally in adults. The scalp was however, involved in an adult who was applying a topical steroid for seborrhoeic dermatitis.

The reason for this pattern of distribution is not understood, but the mites appear to prefer non-hairy skin and area of low sebum production.

PRURITIC PAPULES:

The pruritic papules which accompany the development of hypersensitivity occur predominantly around the axillae, in the peri-areolar regions, on the abdomen, particularly the periumbilical region, and on the buttocks and thighs. Indurated, inflammatory nodules sometimes occur, particularly on the axillae, groins, scrotum and penis. They are intensely itchy, and often persist for weeks or months after the scabies has been effectively treated.

INFLAMMATORY PAPULES OR NODULES:

Inflammatory papules or nodules, sometimes surrounded by burrows, on the male genitalia are characteristic of scabies.

SCABIES IN INFANTS:

The clinical features of scabies in infants differ in certain respects from those in older children and adults. In addition to the more extensive

distribution of burrows mentioned above vesicular and vesiculo pustular lesions on the hands and the feet are not uncommon and bullous lesions have been described. Extensive eczematization is frequently present, and there may be multiple crusted nodules on the trunk and limbs.

DIAGNOSIS:

The typical history of pruritis with nocturnal exacerbations, and the distribution of the eruption of inflammatory papules should suggest the diagnosis.

The female mite can be brought out from the burrow and can be seen with the help of hand lens.

Absolute confirmation can only be made by the discovery of burrows and microscopical examination. A burrow is gently scraped off the skin with a blunt scalpel, and the material placed in a drop of 10% potassium hydroxide or mineral oil on a microscope slide. The presence of mites, eggs or fragments of egg shells confirms the diagnosis.

CRITERIA FOR DIAGNOSIS OF SCABIES:-

Major diagnostic Criteria (Presence of one criteria):-

- Identifiable typical burrow particularly associated with an itching and rashes.
- Skin scrapping shows eggs or mites.

Minor Criteria (two needed for a diagnosis)

- Typical rash that itches more at night.
- Sudden onset of an unexplainable itching and rash with characteristic distribution.
- Contact with a Scabetic patient.

CRUSTED SCABIES: (NORWEGIAN SCABIES)

Crusted scabies is an infestation with *sarcoptes scabiei* var. *hominis* in which the mite population is enormous, and may number millions. The grossly thickened horny layer is honey combed with cavities which contain large numbers of mites, and these are shed into the environment of the patient. An undiagnosed case of crusted scabies may cause large out-breaks of common scabies.

CLINICAL FEATURES:

Large warty crusts form on the hands and feet and the palms and soles may be irregularly thickened and fissured. Masses of horny debris accumulate beneath thickened and discoloured nails. Erythema and scaling occur on the face, neck, scalp and trunk and may generalize. The

extent of erythroderma and the warty plaques varies greatly, and either may predominate. It has been suggested that staphylococcus aureus colonizing burrows might play a part in initiating the erythroderma. Itching is often absent or slight, but may occasionally be severe. Generalized lymphadenopathy is present in some cases, and blood eosinophilia is common.

Crusted scabies may masquerade as hyperkeratotic eczema, psoriasis, Darier's disease and contact dermatitis.

COMPLICATION:

1. Eczematization.
2. Impetiginization.
3. Acute glomerulonephritis.

1. Eczematization:

It is one of the rare complication of scabies. Scabetic areas may get sensitized. This sensitization results in eczematization and well defined circular or oval patch of eczema consisting of erythema, oozing and crusting is formed. If there are severe patches the intervening skin is completely clear.

2. Impetiginization :

It is a rare complication of scabies. This is usually due to diminished local resistance. It starts as a superficial bullae containing seropurulent matter the contents coagulate to form a tick stuck on honey

coloured crust. Crust is the most important feature of impetiginization. The lesions are usually multiple, the intervening skin is completely normal. Usually there is no pain or itch.

3. Acute glomerulonephritis:

Acute glomerulonephritis follows infection by streptococci on the scabetic areas. The onset is usually rapid, with puffiness around the eyes and edema over the feet. Urine colour is characteristically smoky brown, because of formation of acid hematin. The degree of oliguria usually correlates with the severity of the disease. Hypertension is usually present. Atypical presentation may also be present which include, convulsions due to hypertensive encephalopathy the urine may grossly normal and edema absent. Left ventricular failure and pulmonary edema due to very high blood pressure, hypovolemia and acute renal failure.

MATERIALS AND METHODS

The clinical study on **Varal Karappan** was done in the post graduate department of Kuzhandhai Maruthuvam in Government Siddha Medical College at Palayamkottai. Selection of cases for the clinical study was on the basis of ,

1. Itching
2. Burrows
3. Inflammatory papules
4. Pruritic papules
5. Vesicles
6. Pustules

The patients were treated either in OP or IP according to the severity. 20 cases were treated in IP and 55 cases were treated as OP cases.

Complete history was taken for all cases. Details about the precipitating factor, family history, socio economic pattern and occupation were also obtained.

The diagnosis was made by poriyalarithal, pulanalarithal, vinavuthal and Envagai thervugal.

Drug Regimen

1.) Kodiveli Chooranam (Internal Medicine)

| Age | Dose |
|------------|--------------------------|
| 1-3 Years | 250-300mg Tds with honey |
| 3-6 Years | 300-500mg Tds with honey |
| 6-12 Years | 500-1gm Tds with honey |

2.) Maruthampattai Thylam (External Medicine)

3.) Kuppaimeni Podi (Dusting Powder)

In all cases, the following routine laboratory investigations available at Government Siddha Medical College, palayamkottai were carried out.

Investigations :

In Siddha aspect the diagnosis was made under the following criteria.

- Mukkutra Nilai
- Envagai Thervu
- Udal Kattukal
- Kaalam
- Nilam
- Neerkuri
- Neikuri

Blood

- Total WBC count
- Differential count
- Erythrocyte Sedimentation rate

Urine

- Albumin
- Sugar
- Deposit

Motion

- Ova
- Cyst

Skin Tests

- Skin Scrapping
- Skin Clipping
- Skin biopsy

Biochemical analysis of the test drug was carried out in the Department of the Bio chemistry, Government Siddha Medical College, Palayamkottai.

Pharmacological analysis of the test drug was carried out in the Department of Pharmacology, Government Siddha Medical College, Palayamkottai.

PREPARATION AND PROPERTIES OF THE TRIAL DRUGS

கொடிவேலி சூரணம்

“வாறு கொடிவேலி குறிஞ்சு வக்கணை யறுகு

கூறு கருவேம்பு குடசப்பாலை - சீறு

சிவனார் பெருமருந்து செங்கத்தாரி மிளகு

யிவையே கொள் பல் கரப்பாணேகும்”.

-அகத்தியர் 3000 மூன்றாம் பாகம்

பக்கம் 428

சேரும் சரக்குகள்

| | |
|-------------------------|-------------|
| கொடிவேலி வேர் | - 25 கிராம் |
| மிளகு | - 25 கிராம் |
| செங்கத்தாரி வேர்ப்பட்டை | - 25 கிராம் |
| அருகம்புல் | - 25 கிராம் |
| சிவனார்வேம்பு வேர் | - 25 கிராம் |
| ஈச்சரமூலி வேர் | - 25 கிராம் |
| சிறுகுறிஞ்சான் இலை | - 25 கிராம் |
| குடசபாலைவிதை | - 25 கிராம் |
| கறிவேப்பிலை | - 25 கிராம் |

செய்முறை

சுத்தி செய்த சரக்குகளை சமன் அளவு எடுத்து கொள்ளவும். பின் அவற்றை தனித்தனியாக இடித்து சலித்து அதன்பின் வஸ்திரகாயம் செய்து குரணத்தை எடுத்துக் கொள்ள வேண்டும்.

| | | |
|------------|---|---|
| அளவு | : | 250 மில்லி.கிராம் - 1 கிராம் வரை (தேக வன்மைகேற்ப), மூன்று வேளை உணவிற்கு பின். |
| அனுபானம் | : | தேன் |
| தீரும்நோய் | : | வரள்கரப்பான் |
| ஆயுட்காலம் | : | மூன்று மாதங்கள் |

மருதம்பட்டை தைலம்

"தப்பா தையா தரணியில் மாந்தர்க்கு
ஒப்பா மருதம் பட்டைத் தைலங்கேள்
செப்பா மூலி சிறந்த பொடுதலை
அப்பா மூன்று மறையப் பாண்டமிடே.
பாண்டத் தன்னிற் பதக்கு சலமிடு
பூண்ட கஷாயம் பொருந்த செய்திடு
ஆண்டு மெண்ணெய் யறியச் சமனதாய்
தீண்டு மேபதந் தெளியவே காய்ச்சிடே
காய்ச்சும் வாலை கருதும் மனோன்மணி
ஆச்சிபாத மடிவணங்கித் தொழு
மூச்சி டாமல் முறையுடன் தான்முழு
போச்சு மேகம் புகன்றோடிப் போமே.
போகும் பாண்டு புகலுங் காமாகலை போம்
ஏகும் ரோமம் எழும்பும் பெருஞ்சிரங்
காகுமே சொறி கரப்பான் கருமேகந் தான்றும்
பாகுதன் வந்திரி பாடின துண்மையே."

- குணபாடம்மூலிகை வகுப்பு பக்கம்: 735

- தன்வந்திரி தைலம் 500

சேரும் சரக்குகள்

மருதம்பட்டை

வசம்பு

பொடுதலை

நல்லெண்ணெய்

செய்முறை

சுத்தி செய்த சரக்குகளை ஒன்றிரண்டாக இடித்துப் போட்டு 8 பங்கு நீர் விட்டு 4 ல் 1 பங்காக வற்ற வைத்த குடிநீருடன் நல்லெண்ணெய் சேர்த்து காய்ச்சி பதத்தில் வடித்து கொள்ள வேண்டும்.

| | | |
|--------------|---|--------------|
| பிரயோகம் | : | வெளிபிரயோகம் |
| தீரும் நேரம் | : | வரள்கரப்பான் |
| ஆயுட்காலம் | : | 1 ஆண்டு |

குப்பைமேனி பொடி

| | | |
|---------------|---|----------------|
| சேரும் சரக்கு | : | குப்பைமேனி இலை |
|---------------|---|----------------|

செய்முறை:

குப்பைமேனி இலையை உலர்த்தி உரலில் இட்டு இடித்து சலித்து எடுத்துக் கொள்ள வேண்டும்.

| | | |
|--------------|---|---|
| பிரயோகம் | : | வெளி பிரயோகம் (வெந்நீரில் கலந்து கழுவுவதற்கு) |
| தீரும் நேரம் | : | வரள்கரப்பான் |
| ஆயுட்காலம் | : | 3 மாதங்கள் |

- குணபாடம் மூலிகை வகுப்பு

பக்கம் 361.

PROPERTIES OF TRIAL MEDICINE

மருது

| | | |
|----------------------|---|---|
| Botanical Name | : | Terminalia arjuna(Roxb) |
| Family | : | Combretaceae |
| வேறுபெயர் | : | அருச்சுனன், சுகுபம், பூதவம், பூலத்தி,இந்திரன்பார். |
| வளரியல்பு | : | மரம் |
| பயன்படுத்திய உறுப்பு | : | பட்டை |
| சுவை | : | துவர்ப்பு |
| தன்மை | : | வெப்பம் |
| பிரிவு | : | கார்ப்பு |

செய்கை:-

| | |
|---------------------|-------------------|
| உரமாக்கி | Tonic |
| தமரகவெப்பமுண்டாக்கி | Cardiac Stimulant |
| துவர்ப்பி | Astringent |

பொதுகுணம்:-

“ஓதமெனு நீரிழுவை யோட்டும் பிர்மேகங்

காதமென வேடக் கடத்துங்கரண் - பேரத

மயக்க மொடுதாக மறாநச் சுரத்தின்

தயக்கமறுக்கும் மருதஞ் சாற்று

குட்டரோக கங்கிரும் கோர வயிற்றுவலி

துட்ட வறட் சூலை தெலையுங்காண் - சிட்டிப்

பொருதம்பா மென்று விழிப் புவையரே ஞாளு

மருதம்பா ரென்றளவில் மாய்ந்து”

- குணபாடம் மூலிகை வகுப்பு

இது நீரிழிவு, வெள்ளை, மயக்கம், நீர்வேட்கை, சுரத்திலுண்டாகும் தயக்கம், பெருநோய், புழுநோய், வயிற்றுநோய், வறட்சூலை போம். தமரகத்தை வன்மைப்படுத்தும்.

Constituents : The bark contains tannin. Arjunine and Arjunetin are alkaloids.

பொருதலை

| | | |
|----------------------|---|--------------------------|
| Botanical Name | : | Lippia nodiflora (Linn) |
| Family | : | Verbinaceae |
| வேறுபெயர் | : | பூற்சாதம் |
| வளரியல்பு | : | பூண்டு |
| பயன்படுத்திய உறுப்பு | : | இலை |
| சுவை | : | கைப்பு , துவர்ப்பு |
| தன்மை | : | வெப்பம் |
| பிரிவு | : | கார்ப்பு |

செய்கை :

| | |
|------------------|-------------|
| உள்ளுழலாற்றி | Demulcent |
| வீக்கங்கரைச்சி | Deobstruent |
| சிறுநீர்பெருக்கி | Diuretic |
| துவர்ப்பி | Astringent |
| கோழையகற்றி | Expectorant |
| உரமாக்கி | Tonic |

வசம்பு

| | | |
|----------------------|---|---|
| Botanical Name | : | Acorus Calamus(Linn) |
| Family | : | Araceae |
| வேறுபெயர் | : | உக்கிரம், வசம், வசை, வேணி, சுடுவான், உரைப்பான், பேர்சொல்லாமருந்து, பிள்ளைமருந்து |
| வளரியல்பு | : | பூண்டு |
| பயன்படுத்திய உறுப்பு | : | வேர் (Rhizome) |

செய்கை :

| | |
|------------------|--------------|
| வெப்பமுண்டாக்கி | Stimulant |
| பசித்தீதுரண்டி | Stomachic |
| முறைவெப்பகற்றி | Antiperiodic |
| அகட்டுவாய்வகற்றி | Carminative |
| வாந்தியுண்டாக்கி | Emetic |

தொற்றுப்புழுவகற்றி Disinfectant

நுட்புழக்கொல்லி Germicide

Constituents:

A volatile oil, acorin and calamine. Acorin – a glucoside is a honey like liquid very bitter and aromatic, soluble in alcohol chloroform and ether.

Calamine is a crystalline alkaloid soluble in alcohol and chloroform.

குப்பைமேனி

| | | |
|----------------------|---|-----------------------------|
| Botanical Name | : | Acalypha Indica |
| Family | : | Euphorbiaceae |
| வேறுபெயர் | : | அரிமஞ்சரி, பூனைவணங்கி, மேனி |
| வளரியல்பு | : | பூண்டு |
| பயன்படுத்திய உறுப்பு | : | இலை |
| சுவை | : | கைப்பு, கார்ப்பு |
| தன்மை | : | வெப்பம் |
| பிரிவு | : | கார்ப்பு |

செய்கை :

துயரடக்கி Anodyne

புழுக்கொல்லி Anthelmintic

| | |
|------------------|-------------|
| சிறுநீர்பெருக்கி | Diuretic |
| வாந்தியுண்டாக்கி | Emetic |
| கோழையகற்றி | Expectorant |
| சூதகமுண்டாக்கி | Emmenagogue |

Constituents:

An Alkaloid, acalyphine.

கொடிவேலி

| | | |
|----------------------|---|------------------------------------|
| Botanical Name | : | Plumbago auriculata (Linn) |
| Family | : | Plumbaginaceae |
| வேறுபெயர் | : | கறுப்புசித்திரமூலம், கருங்கொடிவேலி |
| பயன்படுத்திய உறுப்பு | : | வேர் |
| சுவை | : | கார்ப்பு |
| தன்மை | : | வெப்பம் |
| பிரிவு | : | கார்ப்பு |

செய்கை:

| | |
|-----------------|-----------|
| வெப்பமுண்டாக்கி | Stimulant |
|-----------------|-----------|

பொதுகுணம்:

“கட்டிவிரணங் கிரந்தி கால்கள் அரையாப்புக்

கட்டிச்சூலை வீக்கங் காழ்மூலம் - முட்டிரத்தக்

கட்டு நீரேற்றங் கனத்த பெருவயிறும்

அட்டுங்கொடிவேலி யாம்”.

இதனால் கட்டி,புண்,கழலை, வளிநோய், அரையாப்புக் கட்டி, குத்தல், சோபை, மூலரோகம், உதிரக்கட்டு, நீரேற்றம்,பெருவயிறு இவை போம்.

சுத்தி:- வேரின் நடுநரம்பை நீக்கி சுண்ணநீரில் கால்மணி நேரம் ஊற வைத்து நீரில் கழுவி எடுக்க சுத்தியாகும்.

Constituents: Dihydroflavonol, Plumlaginol, plumbagin.

சிவனார் வேம்பு

| | | |
|----------------------|---|-----------------------------------|
| Botanical Name | : | Indigofera aspalothoides (Vahioe) |
| Family | : | Fabaceae |
| வேறுபெயர் | : | காந்தாரி |
| வளரியல்பு | : | பூண்டு |
| பயன்படுத்திய உறுப்பு | : | வேர் |
| சுவை | : | கைப்பு |
| தன்மை | : | வெப்பம் |
| பிரிவு | : | கார்ப்பு |

உட்செய்கை:

| | | |
|-----------------|---|-----------|
| வெப்பமுண்டாக்கி | - | Stimulant |
| உள்ளுழலாற்றி | - | Demulcent |

பொதுகுணம்:

“குட்டஞ் சிரங்கு குறைப்புப் பிசமாந்தை

கட்டப்பிணிகள் கழலுமே -திட்டம்

உரனிம்பங் காயத்துக் குண்டாகு மேலே

அரனிம்ப மென்று மருந்தால்”-

- தேரன் வெண்பா

இதனால் தோலை பற்றி வரும் படைகள், நாட்பட்டபுண் , சொறி, சிரங்கு,குறைநோய், பாம்பு நஞ்சு நீங்கும்.

மிளகு

| | | |
|----------------------|---|---------------------------------|
| Botanical Name | : | Piper nigrum(linn) |
| Family | : | Piperaceae |
| வேறுபெயர் | : | காயம்,கோளகம்,சருமபந்தம்,மலையாளி |
| வளரியல்பு | : | கொடி |
| பயன்படுத்திய உறுப்பு | : | உலர்ந்த கனி |
| சுவை | : | கைப்பு , கார்ப்பு |
| தன்மை | : | வெப்பம் |
| பிரிவு | : | கார்ப்பு |

செய்கை:

அகட்டுவாய்வகற்றி Carminative

வாதமடக்கி Antivatha

நச்சரி Antidote

Constituents:

Volatile alkaloid, piperine, chavicin, amides, deoresin.

அருகம்புல்

| | | |
|----------------------|---|--------------------------|
| Botanical Name | : | Cynodon dactylon (Linn) |
| Family | : | Poaceae |
| வேறுபெயர் | : | அறுகு,பதம்,தூர்வை,மேகாரி |
| வளரியல்பு | : | புல் |
| பயன்படுத்திய உறுப்பு | : | புல் |
| சுவை | : | இனிப்பு |
| தன்மை | : | வெப்பம் |
| பிரிவு | : | இனிப்பு |

செய்கை:

| | |
|--------------------|------------|
| வறட்சியகற்றி | Emollient |
| துவர்ப்பி | Astringent |
| சிறுநீர்பெருக்கி | Diuretic |
| குருதிப்போக்கடக்கி | styptic |

ஈச்சரமூலி

| | | |
|----------------------|---|---|
| Botanical Name | : | Aristolochia indica (Linn) |
| Family | : | Aristolochiaceae |
| வேறுபெயர் | : | பெருமருந்து,பெருங்கிழங்கு, தலைச்சுருளி,தராசுக்கொடி |
| வளரியல்பு | : | கொடி |
| பயன்படுத்திய உறுப்பு | : | வேர் |

| | | |
|--------|---|----------|
| சுவை | : | கைப்பு |
| தன்மை | : | வெப்பம் |
| பிரிவு | : | கார்ப்பு |

செய்கை :

வெப்பமுண்டாக்கி stimulant

உரமாக்கி Tonic

Constituents:

12 Nanocosinoic acid, aristolochic acid, alkaloid t-curine, β -sitosterol, P-Coumari acid.

சிறுகுறிஞ்சான்

| | | |
|----------------------|---|--------------------------|
| Botanical Name | : | Gymnema Sylvestre (Retz) |
| Family | : | Asclepiadaceae |
| பயன்படுத்திய உறுப்பு | : | இலை |
| சுவை | : | கைப்பு |
| தன்மை | : | வெப்பம் |
| பிரிவு | : | கார்ப்பு |

செய்கை :

துவர்ப்பி Astringent

உரமாக்கி Tonic

குளிர்ச்சியுண்டாக்கி Refrigerant

Constituents:

Triterpenoid, saponins, Gymnemasins A-D and gymnemanol, gymnamine, glynemic acid, saponins.

கறிவேம்பு

Botanical Name : Murraya Koenigii(Linn)

Family : Rutaceae

பயன்படுத்திய உறுப்பு : இலை

சுவை : சிறுகார்ப்பு

தன்மை : வெப்பம்

பிரிவு : கார்ப்பு

செய்கை :

உரமாக்கி Tonic

பசித்தீதூண்டி Stomachic

Constituents:

Volatile essential oil, glucoside named koenigin, koenimbine, koengicine, mabanimbine.

குடசப்பாலை

Botanical Name : Holarrhena antidysentrica

Family : Apocynaceae

வேறுபெயர் : கசப்பு, குளப்பாலை

பயன்படுத்திய உறுப்பு : விதை

சுவை : துவர்ப்பு , சிறுகைப்பு

தன்மை : வெப்பம்

பிரிவு : இனிப்பு

செய்கை :

புழுக்கொல்லி Anthelmentic

வெப்பகற்றி Febrifuge

உரமாக்கி Tonic

Constituents:

Concessine, Conesimine, kurchine, kurchimine, conimine, holarrhemine.

செங்கத்தாரி

Botanical Name : Capparis sepiaria

Family : Capparaceae

பயன்படுத்திய உறுப்பு : வேர்ப்பட்டை

Constituents:

Betulin – 2 acetate, α amyrin, β -amyrin, β Sitosterol

செய்கை:

Febrifuge

Tonic.

Also useful in skin disorders.

நல்லெண்ணெய்

Botanical Name : Sesamum indicum

Family : Pedaliaceae

வேறுபெயர் : எள்

செய்கை:

Alterative

Tonic

Laxative

Constituents:

நல்லெண்ணெயில் வைட்டமின் E உள்ளது. இதில் Sesamin, Phytosterol ஆகிய வேதிப்பொருட்கள் உள்ளன.

OBSERVATION AND RESULTS

Results were observed with respect to the following criteria.

1. Sex reference
2. Age Reference
3. Religion Reference
4. Economic status of the patient reference
5. Diet Reference
6. Etiology
7. Paruva kaalam
8. Distribution of Lands
9. Clinical features of varal karappan
10. Prevalence of affection
11. Tridhosha
12. Ezhu udarkattugal Reference
13. Envagai Thervugal Reference
14. Neikuri Reference
15. Results after treatment Reference
16. IP Case Report
17. OP Case Report
18. Investigation Chart

The observations recorded with the above said criteria were given in the tabular column form.

Table 1: Sex Reference

| Sl. No | Sex | No of cases | Percentage |
|--------|-----------------|-------------|------------|
| 1. | Male children | 7 | 35% |
| 2. | Female Children | 13 | 65% |

Out of the 20 patients, 7 were male children and 13 were female children.

Sex Reference

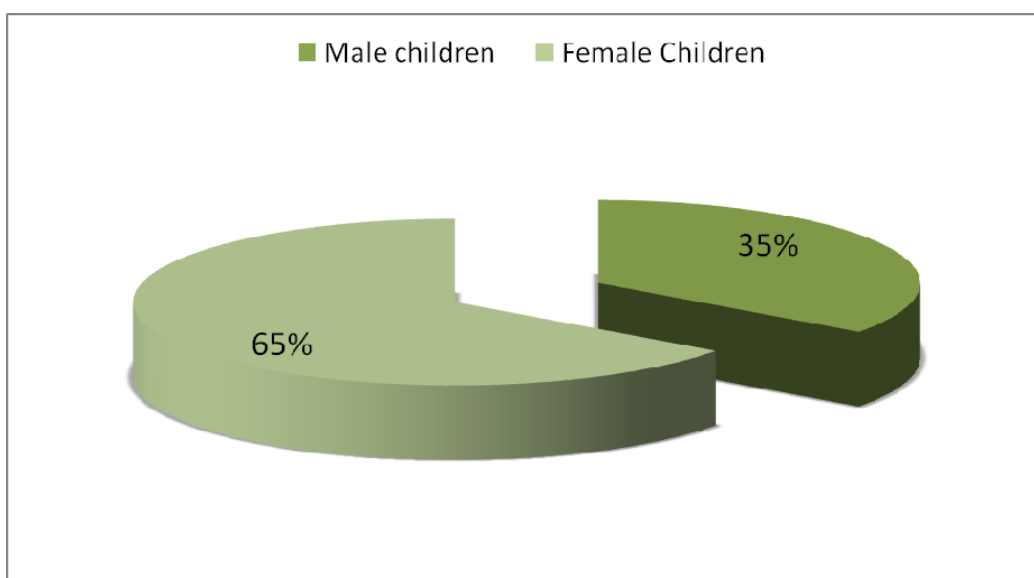


Table 2: Age Reference

| Sl. No | Age | No of cases | Percentage |
|--------|--|-------------|------------|
| 1 | 0-1 year (Kappu, Chenkeerai) | - | - |
| 2. | 1-3 year (Varugai, Thalattu, Sappani, Muthum) | - | - |
| 3. | 3-6years (Ambuli, Chitril, Chiruparai, Chiruther, Paethai – Female), (Pillai – Male) | 6 | 30% |
| 4. | 6-12 years (Paethumbai – Female), (Chiruparuvam – Male) | 14 | 70% |

The percentage was highest in the age group of 6 -12 years, the percentage was 70%, between the age group 3 – 6 years the percentage was 30%.

Age Reference

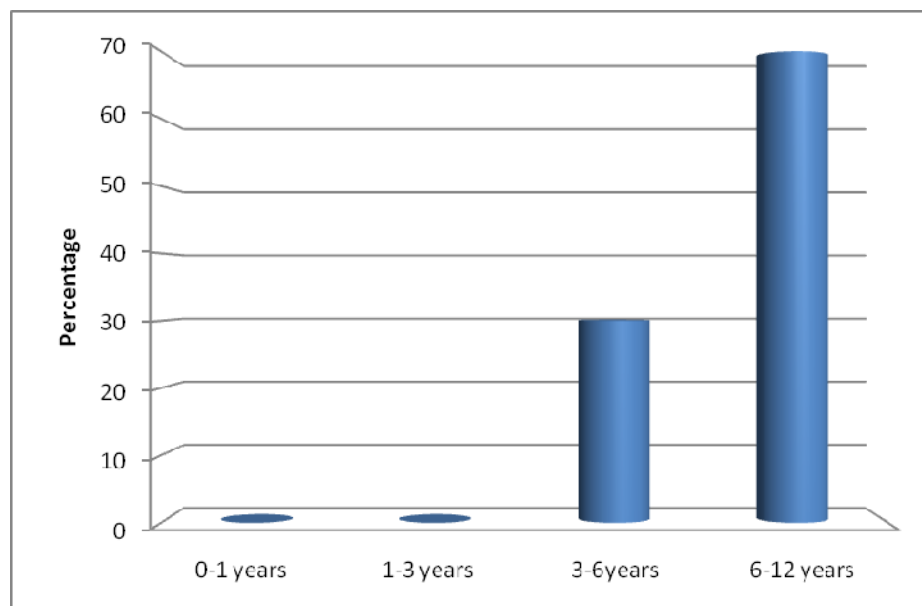


Table 3: Religion Reference

| Sl No | Religion | No of cases | Percentage |
|-------|-----------|-------------|------------|
| 1 | Hindu | 16 | 80% |
| 2. | Christian | 2 | 10% |
| 3. | Muslim | 2 | 10% |

Out of 20 cases 80% were Hindus, 10% were Christians and 10% were Muslims.

Table 4: Socio- Economic status of the patient

| Sl No | Socio-Economic Status | No of cases | Percentage |
|-------|-----------------------|-------------|------------|
| 1 | Poor | 14 | 70% |
| 2. | Middle | 6 | 30% |
| 3. | Rich | - | - |

Out of the 20 patients, 14 were in poor socio-economic status.

Table 5: Diet Reference

| Sl No | Diet Habit | No of cases | Percentage |
|-------|------------|-------------|------------|
| 1 | Vegetarian | 6 | 30% |
| 2. | Mixed diet | 14 | 70% |

Out of the 20 patients, 70% were Mixed diet, 30% were Vegetarians.

Table 6: Etiology

| SI No | Aetiological Factors | No of cases | Percentage |
|-------|----------------------|-------------|------------|
| 1. | Poor Hygiene | 15 | 75% |
| 2. | Contact | 8 | 40% |
| 3. | Over crowding | 8 | 40% |
| 4. | Poverty | 14 | 70% |

Among the Twenty cases 75 % of the cases developed disease due to poor hygiene, 40% of the cases developed disease due to contact, 40% of the cases developed disease due to over crowding and 70% of the cases developed disease due to poverty.

Etiology

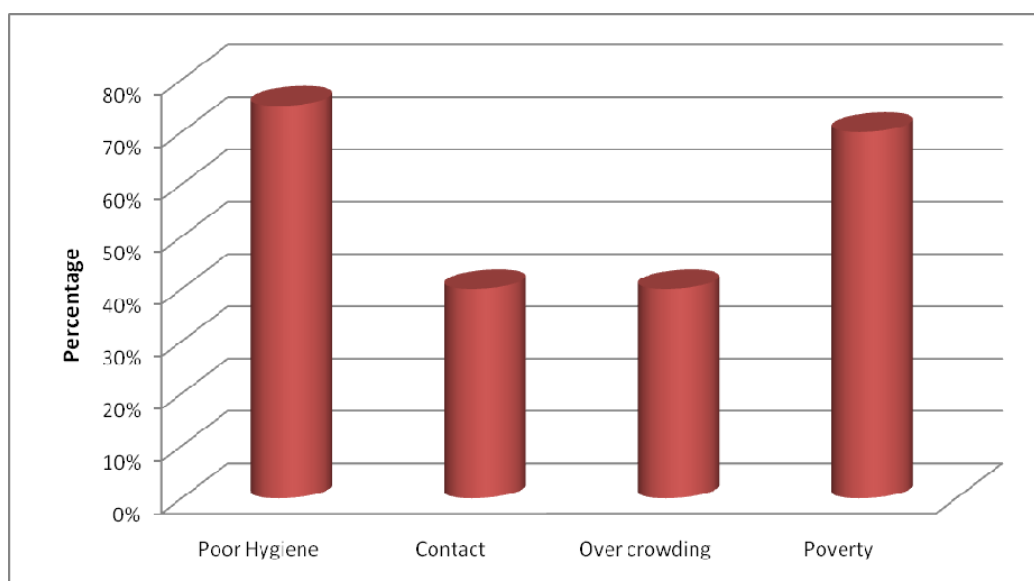


Table 7: Paruva kaalam

| SI No | Paruva kaalam | No of cases | Percentage |
|-------|---------------------------------------|-------------|------------|
| 1. | Kaar kaalam (Aavani& Purattasi) | - | - |
| 2. | Koothir kaalam (Iyppasi & Karthigai) | 4 | 20% |
| 3. | Munpani kaalam (Markazhi & Thai) | 4 | 20% |
| 4. | Pinpani kaalam (Maasai & Panguni) | 4 | 20% |
| 5. | Elavenil kaalam (Chithirai & Vaikasi) | 8 | 40% |
| 6. | Muthuvenil kaalam (Aani & Aadi) | - | - |

Under Paruvakalam, the highest incidence was noted in Elavenil Kaalam (40%).

Table 8: Distribution of Lands

| SI No | Thinai | No of cases | Percentage |
|-------|--------------------|-------------|------------|
| 1 | Kurunji (Hill) | - | - |
| 2. | Mullai (Forest) | - | - |
| 3. | Marutham (Fertile) | 17 | 85% |
| 4. | Neithal (Coastal) | 3 | 15% |
| 5. | Paalai (Desert) | - | - |

In 17 cases belonged to Marutham and 3 cases belonged to Neithal.

Table 9: Clinical features of Varal Karappan during admission

| Sl No | Clinical features | No of cases | Percentage |
|-------|----------------------|-------------|------------|
| 1 | Itching | 20 | 100% |
| 2. | Pruritic papules | 20 | 100% |
| 3. | Oozing | 15 | 75% |
| 4. | Inflammatory papules | 12 | 60% |
| 5. | Burrows | 15 | 75% |
| 6. | Pustules | 5 | 25% |

Among the 20 cases, 100% of the cases had itching and pruritic papules. 75% of the cases had oozing and burrows. 60% of the cases had inflammatory papules and 25% of the cases had pustules.

Clinical features

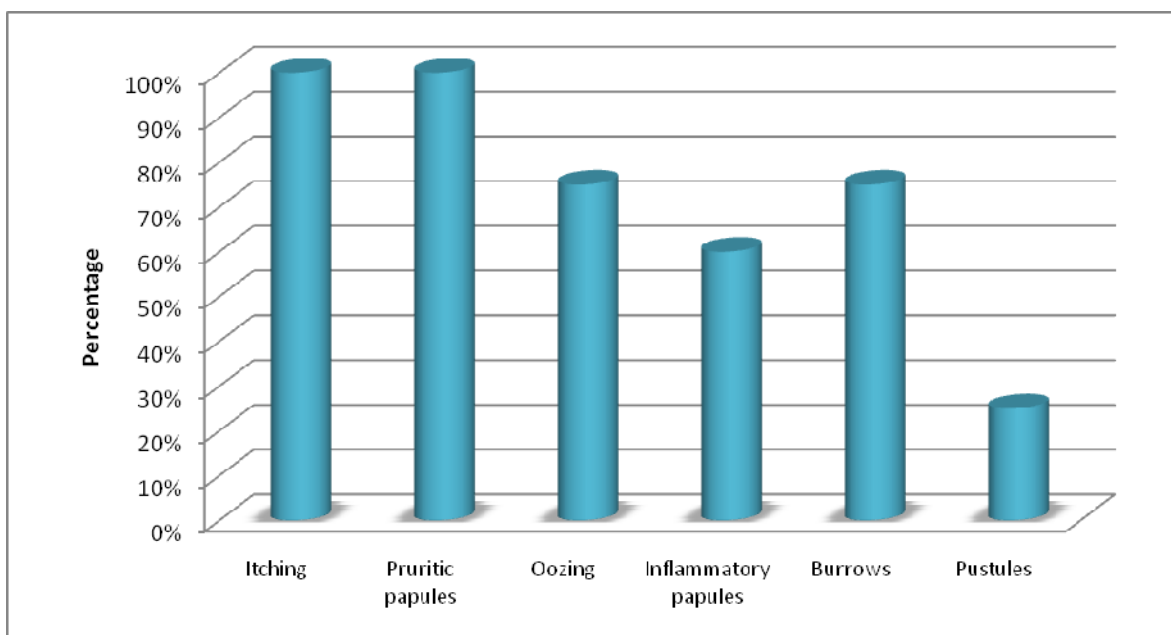


Table 10: Showing Prevalence of affection

| Sl No | Affected Areas | No of cases | Percentage |
|-------|---------------------|-------------|------------|
| 1 | Webs of fingers | | |
| | a) Upper limb | 20 | 100% |
| | b) Lower limb | 10 | 50% |
| 2. | Buttocks | 15 | 75% |
| 3. | Groin | 1 | 5% |
| 4. | Around axillae | - | - |
| 5. | Thigh | 2 | 10% |
| 6. | Periumblical region | - | - |

Table 11: Tridosha**Table showing the derangement of vaatha**

| Sl No | Classification of Vaatha | No of cases | Percentage |
|-------|--------------------------|-------------|------------|
| 1. | Pranan | - | - |
| 2. | Abaanan | 3 | 15% |
| 3. | Viyaanan | 20 | 100% |
| 4. | Uthaanan | - | - |
| 5. | Samaanan | 20 | 100% |
| 6. | Naagan | - | - |
| 7. | Koorman | - | - |
| 8. | Kirukaran | - | - |
| 9. | Devathathan | - | - |
| 10. | Thananjeyan | - | - |

According to the derangement in the types of Vatha, in 100% of the cases Viyaanan and Samaanan were affected. Abaanan was affected in 30% of the cases.

Table showing the derangement of Piththa

| Sl No | Classification of Piththa | No of cases | Percentage |
|-------|---------------------------|-------------|------------|
| 1. | Anilam | 5 | 25% |
| 2. | Ranjagam | 10 | 50% |
| 3. | Sathagam | - | - |
| 4. | Prasagam | 20 | 100% |
| 5. | Alosagam | - | - |

Among the cases studied Anilam was affected in 25% of the cases, Ranjagam was affected in 50% of the cases and Prasagam was affected in 100% of the cases.

Table showing the derangement of Kabha

| Sl No | Classification of Kabha | No of cases | Percentage |
|-------|-------------------------|-------------|------------|
| 1. | Avalambagam | - | - |
| 2. | Kilethagam | 5 | 25% |
| 3. | Pothagam | - | - |
| 4. | Tharpavam | - | - |
| 5. | Santhigam | - | - |

Among the twenty cases, Kilethagam was affected in 25% of the cases.

Table 12: Ezhu udarkattugal Reference

| Sl No | Udarkattugal | No of cases | Percentage |
|--------------|---------------------|--------------------|-------------------|
| 1. | Saaram | 20 | 100% |
| 2. | Senneer | 15 | 75% |
| 3. | Oon | 10 | 50% |
| 4. | Kozhuppu | - | - |
| 5. | Enbu | - | - |
| 6. | Moolai | - | - |
| 7. | Sukkilam/Suronitham | - | - |

Saram was affected in 20 patients and Senneer was affected in 15 patients due to the derangement of Vaatha and Piththa.

Table 13: Envagai Thervugal Reference

| Sl.No. | Envagai Thervugal | No.of cases | Percentage |
|---------------|--------------------------|--------------------|-------------------|
| 1. | Naa | 5 | 25% |
| 2. | Niram | 15 | 75% |
| 3. | Mozhi | - | - |
| 4. | Vizhi | 10 | 50% |
| 5. | Malam | - | - |
| 6. | Moothiram | - | - |
| 7. | Naadi | 15 | 75% |
| 8. | Sparisam | - | - |

Naa, Niram, Vizhi were affected due to the deficiency of senneer.

Naa was affected in 25% of the cases. In 75% cases Niram was affected.

In 50% of the cases Vizhi was affected. In 75% of the cases Naadi was affected.

Table 14: Neikuri Reference

| Sl No | Neikuri Reference | Characters of Urine | No of Cases | Percentage |
|-------|-------------------|---------------------|-------------|------------|
| 1. | Vatha Neer | Spreads like snake | 1 | 5% |
| 2. | Pitha Neer | Spreads like ring | 1 | 5% |
| 3. | Kaba Neer | Spreads like pearl | 18 | 90% |

In Neikuri 90% of the cases was Kabha neer, 5% of the cases was Pitha neer and 5% of the cases was Vatha neer.

Neikuri Reference

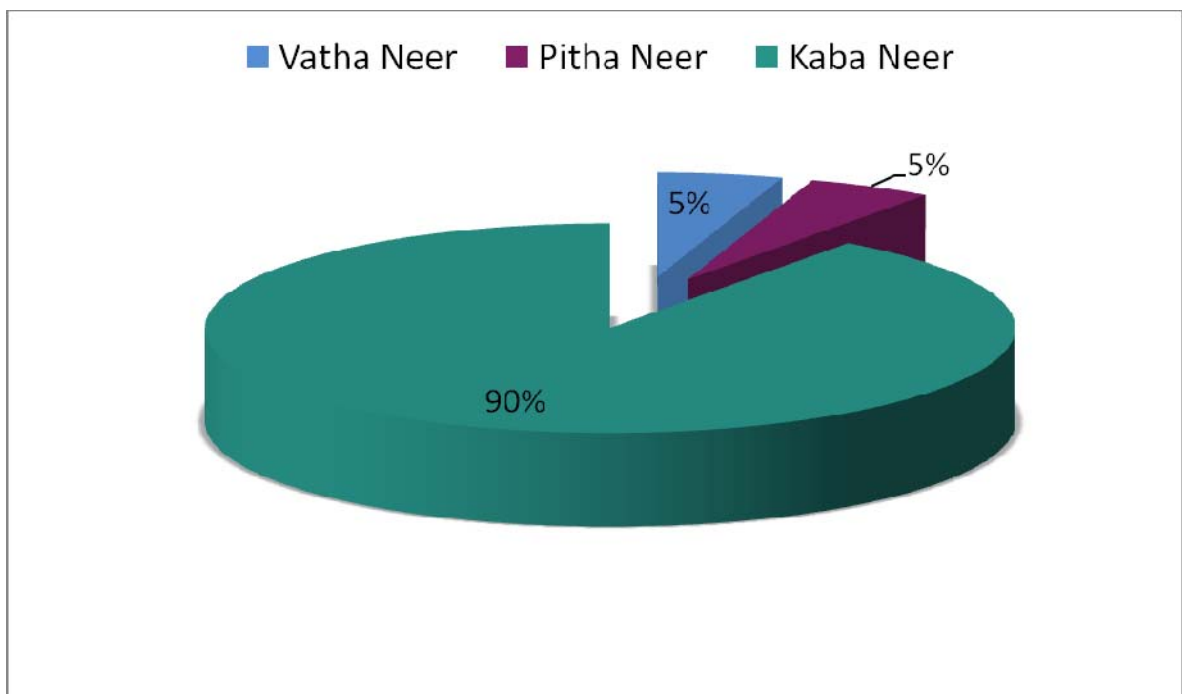
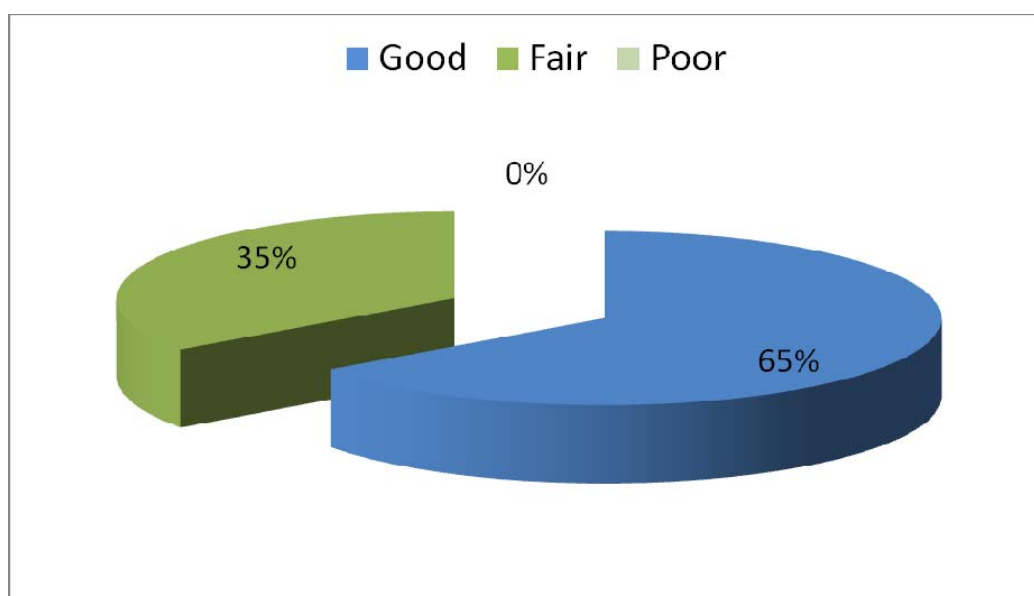


Table 15: Results after treatment Reference

| Sl No | Results | No of cases | Percentage |
|-------|---------|-------------|------------|
| 1 | Good | 13 | 65% |
| 2. | Fair | 7 | 35% |
| 3. | Poor | - | - |

65% cases showed significant improvement. Because the signs and symptoms were reduced markedly. They were come under good response group. Remaining 35% cases showed moderate improvement. They were come under fair response group.



DISCUSSION

Varal Karappan, one of the commonest, clinical entity encountered in Kuzhandhai Maruthuvam practice resembles in its clinical features with **Scabies** in modern medicine caused by *sarcoptes scabiei*. In siddha literatures itching, papules present in all over the body, oozing are described as the main clinical features. These features are clearly coincide with scabies.

Various aspects of dermatological disorders are described in many siddha literatures. Author collected these mainly from Pathinen Siddhar Balavagada Thirattu.

Twenty cases were selected for admission according to the clinical features mentioned in Pathinen Siddhar Balavagada Thirattu. Siddha method of diagnosis was carried out for all the patients. Modern investigations were also done.

Out of the twenty cases studied, 35% of cases were male children and rest of 65% cases were female children. The incidence of the disease was highest in 6-12 years paethumbai (in female) and chiruparuvam (in male) paruvams. Most of these patients belonged to poor socio economic group, living in crowded areas.

The drugs selected for clinical study were:

1. **Kodiveli Chooranam** – 250mg to 1gm thrice daily with honey after food.
2. **Maruthampattai Thylam** – For topical application
3. **Kuppaimeni Podi** – Dusting powder.

The procedure for the preparation of these drugs were taken from Agasthiyar 2000 (Part.III), Gunapadam – Mooligai Vaguppu respectively.

All the patients were advised to follow pathiyam and they were advised to maintain good personal hygiene and to prevent over crowding and close physical contact. They were advised to take hot water bath daily.

Itching was completely arrested with in 3 days of treatment. All other symptoms disappeared within 5 -10 days of treatment.

According to the severity in the clinical presentation, cases were divided in to mild, moderate and severe. In mild cases, all the symptoms disappeared within 5-7 days of treatment. In moderate cases all the signs and symptoms disappeared within 6-10 days of treatment. In severe cases the signs and symptoms disappeared with in 10-15 days of treatment.

Pharmacological studies were carriedout in the department of pharmacology, Government Siddha Medical College, Palayamkootai.

| Action | Remark |
|---------------------------------|---------------------|
| 1. Kodiveli Chooranam | |
| Anti histamine | Significant action |
| Acute anti inflammtory | Significant action |
| Chronic anti inflammatory | Significant action |
| 2. Maruthampattai Thylam | |
| Acute anti inflammatory | Significant action. |

Bio Chemical analysis of the drug was also done in the Department of Bio- Chemistry, Government Siddha Medical College, Palayamkottai. Toxicological studies could not be done due to lack of facilities in the college. All the drugs were put to therapeutic use only after careful purification processes laid down for them individually.

Twenty cases were treated as In-patients in post graduate Kuzhandhai Maruthuvam ward. Among the twenty cases 65% showed good response and 35% showed fair response. After the treatment patient was advised to attend the out - patient post graduate Kuzhandhai Maruthuvam Department for further follow up. Fifty five cases were also treated as out patients in post graduate O.P Kuzhandhai Maruthuvam ward. Among the fifty five cases 29 were male children (53%) and 26 were female children (47%). Among the fifty five causes 76% showed good response, 18% showed fair response and 6% showed poor response.

SUMMARY

- ❖ The aetiology, clinical features, classification, prognosis of the disease were collected in both Siddha system as well as Modern system of medicine.
- ❖ The efficacies of the drugs, Kodiveli Chooranum as internal medicine, Maruthampattai Thylam as external medicine and Kuppaimeni Podi as dusting powder were observed during this study.
- ❖ Twenty children of different age group were treated in the In-Patient ward and fifty five cases were treated in the out-patient ward of post graduate Kuzhandhai Marathuvam Department.
- ❖ The In-patients were treated for three to ten days depending upon the severity of illness. They were also advised to attend the Out patient department for further follow up.
- ❖ Routine laboratory investigations available in the college were done and the prognosis of the patients was noted daily.
- ❖ In this clinical study with 20 In-patients, 13 had good response (65%) and 7 had fair response (35%). In out-patients 76% showed good response, 18% showed fair response and 6% showed poor response.

- ❖ Clinically the drugs were free from adverse effect. The drugs were also studied by Biochemical analysis and pharmacological studies.
- ❖ The internal medicine **Kodiveli Chooranam** had significant Acute anti inflammatory, significant chronic Anti inflammatory, significant Anti – histaminic action and significant anti microbial activity against Group-A Streptococcus .
- ❖ The external medicine, **Maruthampattai Thylam** and **Kuppaimeni Podi** had significant acute anti inflammatory action.
- ❖ This ensures the efficacies of the drugs, which were also proved clinically.

CONCLUSION

- ❖ In this clinical study results were found to be satisfactory.
- ❖ 65% of cases showed good response and 35% of cases showed fair response in In-patients ward. 76% of cases showed good response 18% of cases showed fair response and 6% of cases showed poor response in outpatients ward in post graduate Kuzhandhai Maruthuvam Department.
- ❖ The trial drugs were very effective to the patients and there was no recurrence of symptoms.
- ❖ Clinically the drugs are free from adverse effects and so they are useful for long term therapy for pediatric age group.
- ❖ The drugs are also very cheap and easily available.
- ❖ So it is concluded that VARAL KARAPPAN controllable and curable disease with Kodiveli Chooranam, Maruthampattai Thylam and Kuppaimeni Podi along with good personal hygiene.

GOVT SIDDHA MEDICAL COLLEGE

PALAYAMKOTTAI

BIO - CHEMICAL ANALYSIS OF

KODIVELI CHOORANAM

5gms of Kodiveli Chooranam powder was weighed accurately and placed in a 250ml clean beaker. Then 50ml distilled water was added and dissolved well. Then it was boiled well for about 10 minutes. It was cooled and filtered in a 100ml volumetric flask and then it is made up to 100ml with distilled water. This fluid was taken for analysis.

QUALITATIVE ANALYSIS

| S.NO | EXPERIMENT | OBSERVATION | INFERENCE |
|------|--|---------------------------------|----------------------|
| 1. | TEST FOR CALCIUM 2ml of the above prepared extract is taken in a clean test tube. 2 ml of 4% Ammonium oxalate solution is added to it. | No white precipitate is formed. | Absence of calcium. |
| 2. | TEST FOR SULPHATE: 2ml of the extract is added to 5% barium chloride solution. | No white precipitate is formed. | Absence of sulphate. |

| | | | |
|----|--|-----------------------------------|-----------------------------------|
| 3. | TEST FOR CHLORIDE The extract is treated with silver nitrate solution. | No white precipitate is formed. | Absence of chloride. |
| 4. | TEST FOR CARBONATE The substance is treated with concentrated HCL. | No brisk effervescence is formed. | Absence Of Carbonate. |
| 5. | TEST FOR STARCH The extract is added with weak iodine solution. | Blue colour is formed. | Indicates the presence of starch. |
| 6. | TEST FOR IRON-FERRIC The extract is treated with concentrated Glacial acetic acid and potassium ferro cyanide. | No blue colour is formed. | Absence of ferric iron. |
| 7. | TEST OF IRON FERROUS: The extract is treated with concentrated Nitric acid and ammonium thio cynate. | No blood red colour is formed. | Absence of ferrous iron. |

| | | | |
|-----|---|-----------------------------------|--|
| 8. | TEST FOR PHOSPHATE The extract is treated with ammonium Molybdate and concentrated nitric acid. | No yellow precipitate is formed. | Absence of Phosphate. |
| 9. | TEST FOR TANNIC ACID The extract is treated with ferric chloride. | Blue black precipitate is formed. | Indicates the presence of tannic acid. |
| 10. | TEST FOR ALBUMIN The extract is treated with Esbach's reagent. | No Yellow precipitate is formed. | Absence of albumin. |
| 11. | TEST FOR UNSATURATION Potassium permanganate solution is added to the extract. | It gets decolourised. | Presence of unsaturated compound. |

| | | | |
|-----|---|--------------------------|---------------------------------------|
| 12. | TEST FOR THE REDUCING SUGAR 5ml of Benedict's qualitative solution is taken in a test tube and allowed to boil for 2 mts and added 8-10 drops of the extract and again boil it for 2 mts. | Colour change occurs. | Presence of Reducing sugar. |
| 13. | TEST FOR AMINO ACID: One or two drops of the extract is placed on a filter paper and dried it well. After drying, 1% Ninhydrin is sprayed over the same and dried it well. | Violet colour is formed. | Indicates the presence of Amino acid. |

Inference:

The above analysis indicates the presences of starch, tannic Acid , unsaturated compounds, amino acid and reducing sugar in Kodiveli chooranam.

ANTI HISTAMINIC EFFECT OF KODIVELI CHOORANAM ON ISOLATED ILEUM OF GUINEA PIG

Aim:

To study the anti histaminic effect of “Kodiveli Chooranam.”

Preparation of Drug:

1 gm of Kodiveli Chooranam was dissolved in 10 ml of water. The filter is used for the experiment.

Solutions required:

Histamine (1 in 100000 strength).

Procedure:

A guinea pig weighing about 450 gms was starved for 48 hrs and only water was allowed. It was killed by stunning with a sharp blow on the head and cutting its throat to bleed it, to death. The abdomen was quickly opened and the viscera inspected and loops of intestine identified. Using the patch as a landmark the ileum was removed and placed in a shallow dish containing warm “Tyrode Solution”. The lumen of the ileum was gently rinsed out with saline. It was cut into segments of required length, generally 4cm, in the fully relaxed state and the sutures were made with needle and tied at either ends and segment is suspended in an isolated organ bath. It was aerated by an oxygen tube and immersed in

Tyrode solution at 37 C° . Drugs were given to study the inhibitory effect of histamine induced contractions.

Inference:

The test drug has significant anti histaminic activity.

ACUTE ANTI – INFLAMMATORY STUDY ON KODIVELI CHOORANAM BY HIND – PAW METHOD IN ALBINO RATS

Aim:

To study the acute Anti inflammatory effect of Kodiveli Chooranam.

Preparation of the test drug:

500 mg Kodiveli Chooranam was dissolved in 5 ml of honey and 5ml of water a dose of 2ml was given to each rat. This 2 ml contains 100 mg of the test drug.

Procedure

6 healthy albino rats weighing 100-150 gm were taken and divided into three groups, each consist of 2 rats.

First group was kept as control by giving distilled water of 1ml/100gm of body weight. The second group was given Ibuprofen at dose of 10mg/100gm of body weight. The third group received the test drug Kodiveli Chooranam of 200mg/100gm of body weight.

Before administration of test drug, the hind – paw volume of all rats was measured. This was done by dipping the hind – paw (up to tibio – tarsal junction) in to a mercury plethysmography. While dipping the hind – paw by pulling the syringe piston, the level of mercury in the

centre small tube was made to coincide with red marking and reading was noted from the plethysmograph.

Soon after the measurement the drugs were administered orally. One hour later a sub- cutaneous injection of 0.1ml of 1% (w/v) carrageenin in water was made into plantar surface of both hind – paw volume of each rat. Three hours after carrageenin injection, the hind-paw volume was measured once again. The difference between the initial and final volume was calculated and compared.

The method is more suitable for studying the anti – inflammatory activity in acute inflammation. The values are given in the table.

EFFECT OF KODIVELI CHOORANAM

| Group | Drugs | Dose/100gm of body weight | Initial value | Final Value | Difference | %inflam mation | %Inhibition |
|--------------|-----------------------|--|--------------------------|------------------------|-------------------|---------------------------|--------------------|
| Control | Water | 2ml | 1.1 | 1.85 | 0.85 | 100 | NIL |
| Standard | Ibuprofen | 20mg | 1.3 | 1.35 | 0.05 | 6.6 | 93.4 |
| Test drug | Kodiveli Chooranam | 200mg | 1.0 | 1.2 | 0.2 | 26.6 | 73.4 |

Inference:

The test drug has significant acute anti inflammatory action.

CHRONIC ANTI-INFLAMMATORY ACTIVITY OF KODIVELI CHOORANAM BY COTTON PELLETS GRANULOMA METHOD

Aim

To study the chronic anti-inflammatory activity of the drug. Kodiveli Chooranam in the rats by cotton pellets implantation (granuloma) methods.

Preparation of the test drug

1 gm of Kodiveli Chooranam was mixed with 5 ml of honey and dissolved in 10ml of distilled water. A dose 2 ml was given to each rat. This 1 ml contains 200mg of test drug.

Procedure:

Cotton pellets each weighing 10 mg prepared and sterilized in the autoclave for about one hour under 15 Hg atmospheric pressure. 6 rats weighing between 100 -200gms were selected and divided into 3 groups each containing 2rats. Each rat was anaesthetized with ether and cotton pellets were implanted subcutaneously in the given two on each side.

From the day of implantation a group of animals received Kodiveli Chooranam in a dose of 200mg/100gm of body weight. The control group of animals received distilled water 1ml/100gm of body weight. The standard group of animals received Ibuprofen in a dose of 20mg/100gm of body weight.

On the eighth day the rats were sacrificed and the pellets were removed and weighed. They were put in an incubator at 60° -80°c and then they were weighed.

The weight of the granulation tissue formed in the difference between the weight and dry weight. The results of the control standards and test group were compared and the results were calculated.

EFFECT OF KODIVELI CHOORANAM

| Group | Name of Drugs | Dose/100 gm body weight | Pellet Weight | Pellet Weight of the Granuloma of drugs | Percentage of inflammation | Percentage of inhibition |
|--------------|----------------------|--------------------------------|----------------------|--|-----------------------------------|---------------------------------|
| Control | Water | 1ml | 10 mg | 205 mg | 100 | NIL |
| Standard | Ibuprofen | 20 mg | 10 mg | 55 mg | 22 | 78 |
| Test Drug | Kodiveli Chooranam | 200 mg | 10 mg | 125 mg | 50 | 50 |

Inference:

The test drug has significant anti inflammatory effect in chronic conditions.

**ACUTE ANTI – INFLAMMATORY STUDY ON
MARUTHAMPATTAI THYLAM (EXTERNAL USE)
BY HIND – PAW METHOD IN ALBINO RATS**

Aim:

To study the acute anti – inflammatory activities of the test drug Maruthampattai Thylam.

Procedure:

6 healthy albino rats weighing 100-150gm were taken and divided into three groups each consisting of 2 rats.

First group was kept as control by giving distilled water of 1ml/100gm of body weight. The second group was given Ibuprofen at dose of 20mg/100gm of weight. The third group was kept as test group.

Before application of test drug, the hind paw volume of all rats was measured. This was done by dipping the hind – paw (up to mercury) plethysmography. While dipping the hind – paw by pulling the syringe piston, the level of mercury in the centre small tube was made to coincide with red marking and reading was noted from the plethysmograph.

Soon after the measurement, the drugs were administered to the first and second orally. One hour later a sub cutaneous injection of 0.1 ml of 1% (w/v) carrageenin in water made in to plantar surface of both hind – paw of each rat. To the third test group “Marutham Pattai Thylam” was topically applied for three times over the inflamed surface in a thin

layer with in 15 mts gap. To the other groups no drug was applied over the inflammed surface.

One and half hour after injection the hind – paw volume was measured once again. The difference between the initial and final volume would show the amount of inflammation. Taking the volume in the control group as 100% of inflammation, anti – inflammatory effect of test group is calculated.

| Group | Drugs | Dose /100gm of body weight | Intial Value | Final value | Difference | %inflammation | Inhibition |
|--------------|------------------------------|---|-------------------------|------------------------|-------------------|----------------------|-------------------|
| Control | Water | 2ml | 1.1 | 1.85 | 0.85 | 100 | NIL |
| Standard | Ibuprofen | 20mg | 1.3 | 1.35 | 0.05 | 6.6 | 93.4 |
| Test drug | Marutham Pattai Thylam | Externally applied | 1.0 | 1.25 | 0.25 | 33.3 | 66.7 |

Inference:

The test drug has significant acute anti inflammatory action.

ANTI-MICROBIAL (BACTERIAL) ACTIVITY OF KODIVELI

CHLOORANAM

Aim:

To identify the anti-microbial (Bacterial) activity of Kodiveli Chooranam against Streptococcus, Staphylococcus, proteus, Psuedomonas.

Medium : Muller Hinton agar

Components of Medium:

| | | |
|--------------------|---|---------------|
| Beef extract | : | 300gms /lit |
| Agar | : | 17gms /lit |
| Starch | : | 1.50gms /lit |
| Casein Hydroxylate | : | 17.50gms /lit |
| Distilled Water | : | 1000 ml |
| pH | : | 7.6 |

Procedure:

The media was prepared from the above components and poured and dried on a Petri dish..The organism was streaked on the medium and the test drug (1 gm drug in 10 ml of Water) was placed on the medium. This is incubated at 37⁰C for one over night and observed for the susceptibility shown up clearance around the drug.

Result:

The test drug Kodiveli Chooranam was sensitive against Group-A Streptococcus .

CASE SHEET PROFORMA – VARAL KARAPPAN

GOVERNMENT SIDDHA MEDICAL COLLEGE AND HOSPITAL

Post Graduate Research Centre

Branch IV – Kuzhandai Maruthuvam

Palayamkottai – 627 002.

Name of the Medical unit: Nationality :

I.P.No. : Religion :

Bed.No. : Date of Admission :

Name : Date of Discharge :

Age/ Sex : Duration of treatment :

Occupation (Parents) : Diagnosis :

Income (parents) : M.O. :

Informant :

Address: Temporary :

Permanent :

Complaints and duration :

History of present illness :

History of past illness :

Antenatal History :

Birth and Neonatal History :

Dietetic and Nutritional History :

Developmental History :

Family History :

Social History :

Immunization History :

Contact History :

General Examination

1. Consciousness :
2. Decubitus :
3. Anaemia :
4. Jaundice :
5. Cyanosis :
6. Clubbing :
7. Pedal oedema :
8. Lymphadenopathy :
9. Nourishment :
10. Skin changes :

Vital signs

1. Pulse
 - Rate :
 - Rhythm :
 - Volume :
 - Character :
2. B.P. :
3. R.R. :
4. Temperature :

Anthropometry

1. Wt – Weight :
2. Ht – Height :
3. Mid arm circumference :
4. Head circumference :
5. Chest :
6. Skin fold thickness :

Siddha System - Clinical Examination :

poripulangal

| | |
|--------|---|
| Mei | : |
| Vai | : |
| Khan | : |
| Mookku | : |
| Sevi | : |

Kanmendriyam – Kanmavidayam

| | |
|----------|---|
| Kai | : |
| Kall | : |
| Vaai | : |
| Eruvaai | : |
| Karuvaai | : |

Gunam

| | |
|----------|---|
| Sathuvam | : |
| Rajo | : |
| Thamo | : |

Nilam

| | |
|----------|---|
| Kurinchi | : |
| Mullai | : |
| Marutham | : |
| Neithal | : |
| Palai | : |

Paruva kaalam

| | |
|------------|---|
| Kar | : |
| Koothir | : |
| Munpani | : |
| Pinpani | : |
| Elavenil | : |
| Muthuvenil | : |

Uthayam – Athakayam

| | |
|---------|---|
| Puyam | : |
| Chayam | : |
| Kaal | : |
| Paatham | : |

Pira uruppugalin nilai

| | |
|--------------|---|
| Moolai | : |
| Iruthayam | : |
| Puppusam | : |
| Kalleeral | : |
| Manneeral | : |
| Kudal | : |
| Siruneeragam | : |
| Kuri | : |

Mummalam

| | |
|-----------|---|
| Viyarvai | : |
| Malam | : |
| Moothiram | : |

Mukkuutra udal

| | |
|---------------|---|
| Vaatha thegi | : |
| Piththa thegi | : |
| Kabha thegi | : |
| Kalappu thegi | : |

Udal Kattugal

| | |
|----------|---|
| Saaram | : |
| Senneer | : |
| Oon | : |
| Kozhuppu | : |
| Enbu | : |

Moolai :

Sukkilam/Suronitham :

Envagai Thervugal

Naadi :

Sparisam :

Naa :

Niram :

Mozhi :

Vizhi :

Malam :

Moothiram :

Vaatham

Piranan :

Abaanan :

Uthaanan :

Viyaanan :

Samaanan :

Naagan :

Koorman :

Kirugaran :

Devathathan :

Dhananjeyan :

Pitham

Anilam :

Ranjagam :

Sathagam :

Alosagam :

Pirasagam :

Kabam

| | |
|-------------|---|
| Avalambagam | : |
| Kiletham | : |
| Pothagam | : |
| Tharpagam | : |
| Santhigam | : |

Neerkuri

| | |
|-------|---|
| Niram | : |
| Manam | : |
| Nurai | : |
| Edai | : |
| Enjel | : |

Neikuri :**Malakuri**

| | |
|--------|---|
| Niram | : |
| Nurai | : |
| Elagal | : |
| Erugal | : |

Clinical Examination of Skin

| | |
|----------------------------|---|
| Site of the lesion | : |
| Size | : |
| Shape | : |
| General colour of the skin | : |
| Colour of lesion | : |
| Pruritis | : |
| Erythema | : |
| Scaling | : |
| Oozing | : |

| | |
|-----------------------------|---|
| Crusting | : |
| Lichenified | : |
| Hair follicular involvement | : |
| Exudation | : |
| Excoriation | : |
| Ulceration | : |
| Bleeding | : |
| Macule | : |
| Papule | : |
| Pustule | : |
| Nodule | : |
| - wheal | : |
| - Scar | : |

Blister

| | |
|-------------|---|
| Vesicle | : |
| Bullae | : |
| Scald like | : |
| Haemorrhage | : |

Examination of other systems

| | |
|---------|---|
| CNS | : |
| CVS | : |
| RS | : |
| Abdomen | : |

Lab Investigations

1.Blood

| | |
|-----|---|
| TC | : |
| DC | : |
| Hb | : |
| ESR | : |

| | |
|----------------------------------|---|
| HIV | : |
| VDRL | : |
| Sugar | : |
| Urea | : |
| Cholesterol | : |
| IgE | : |
| 2. Urine | |
| Albumin | : |
| Sugar | : |
| Deposits | : |
| 3. Motion | |
| Ova | : |
| Cyst | : |
| RBC | : |
| Pus Cells | : |
| 4.Skin Scrapping | : |
| 5.Skin clipping | : |
| 6. Skin biopsy | : |
| 7.Culture and sensitivity | : |
| DIFFERNTIAL DIAGNOSIS | : |
| PROGNOSIS | : |
| MARUTHUVAMURAI | : |
| DAILY PROGRESS | : |
| ADVICE | : |

GOVERNMENT SIDDHA MEDICAL COLLEGE AND HOSPITAL

Post Graduate Research Centre

Branch IV – Kuzhandhai Maruthuvam

Palayamkottai – 627 002.

Admission – Discharge Sheet

| | | |
|---------------------------|--------------------|---|
| Name of the medical unit: | Nationality | : |
| I.P.NO | Religion | : |
| Bed No | Informant | : |
| Name | Date of admission | : |
| Age/Sex | Date of Discharge | : |
| Occupation (parents) | No.of days treated | : |
| Income (Parents) | Dignosis | : |

| Sl.No | Clinical Features | During admission | During discharge |
|-------|----------------------|------------------|------------------|
| 1. | Itching | | |
| 2. | Burrows | | |
| 3. | Pruritic papules | | |
| 4. | Inflammatory papules | | |
| 5. | Oozing | | |
| 6. | Pustules | | |
| 7. | Vesicles | | |

Place :

Date : _____ Signature of the Medical officer, _____

BIBLIOGRAPHY

SIDDHA TEXTS

1. Balavagadam – Dr. Pon Guruisironmani.
2. NoiNadal NoiMudalNadal Thirattu – Dr.M. Shanmugavelu.
3. Gunapadam Mooligai Vaguppu – K.S. Murugesu Mudaliar.
4. Gunapadam Thathu Jeeva Vaguppu – Dr.R.Thiagarajen.
5. Siddha Maruthuvam (Sirappu) – Dr.R. Thiagarajen.
6. Siddha maruthuvam (Pothu) – Dr. M.R. Kuppusamy Mudaliar
7. Siddha Maruthuvam Surukkam – Dr. K.S.Uthamarayan.
8. Theraiyar Vaidhyam 100.
9. Bramma Muni Vaidhya Vilakkam.
10. Agasthiar Kanma Kandam.
11. T.V. Samba Sivam Pillai – Tamil English Dictionary.
12. Sathaga Nadi.
13. Agasthiar Guna Vagadam.
14. Agasthiar Vaidhya Vallathi 600.
15. Yugi Vaidhya Chindhamani.
16. The wealth of India.
17. Indian Medicinal plants – Kritika and Basu.
18. Indian Materia Medica – Dr.K.N.Nadkarni.

19. Glossary of Indian Medicinal Plants – R.N.Chopra, S.I.Nayar,
I.C.Chopra.
20. Pararasa Sekaram – Balaroganithanam.
21. Pulipani Vaidyam – 500.
22. Noi Illa Neri – Dr.C.Dorairajan.
23. Medicinal Plants of India – S.N.Yoganarasimhan.
24. Pathartha Guna Vilakkam – Kannusami Pillai.
25. Agasthiyar 2000 – Part III
26. Theraiyar Venba.
27. Sattamuni Gnanam.
28. Guna Vagada Naadi.
29. Dhanvandri Thylam.
30. Pathartha Guna Chindhamani.

MODERN TEXTS

1. Roxburgh's common skin disease.
2. Davidson's Principles and Practice of Medicine
3. Fundamentals Of Bio – Chemistry for medical students – Ambika Shanmugam.
4. Practice of Dermatology – Dr.P.N.Behl.
5. Illustrated Textbook of Dermatology – J.S.Pasricha and Ramji Gupta.
6. Lever's Histopathology of skin.
7. Essential Pediatrics – O.P.Ghai.
8. Robbins Pathologic basis of disease.
9. Gray's Anatomy.
10. Pediatric Clinical Method – Meharban Singh.
11. Dermatology in general medicine (vol. II) – Thome, B.Fitz Patrick.
12. Text Book of Medical Parasitology – C.K.Jayaram Panikar.
13. Fun with Dermatology – Sanjiv Jain.
14. Text Book of Clinical Dermatology – Virendra N.Sehgal.
15. Text Book of Dermatology (Vol. II) – Rook, Wilkinson Ebling.

INPATIENTS CASE REPORT

| S.NO | IP NO | Name of the patient | Age /Sex | Duration of illness | Clinical Features | Admission Date | Discharge Date | No of days treated |
|------|-------|---------------------|----------|---------------------|---|----------------|----------------|--------------------|
| 1 | 2820 | Gnanasundari | 8/F | 10days | Itching, burrows,pruritic papules, inflammatory papules present in the webs of the fingers, buttocks, groin area. | 16.11.07 | 20.11.07 | 5 |
| 2 | 2826 | Sudarmathi | 11/F | 15days | Itching, burrows,pruritic papules, oozing present in the webs of the fingers and both the lower limbs. | 16.11.07 | 20.11.07 | 5 |
| 3 | 2822 | Pattammal | 10/F | 7days | Vesicles,itching, oozing present in the upper and lower limbs. | 16.11.07 | 20.11.07 | 5 |
| 4 | 2824 | Priya | 10/F | 7days | Vesicles , pustules, itching, oozing present in the trunk, lower limbs and thigh. | 16.11.07 | 20.11.07 | 5 |
| 5 | 3097 | Mariappan | 11/M | 2weeks | Itching, burrows, inflammatory papules, oozing present in the webs of the fingers and trunk. | 24.12.07 | 29.12.07 | 6 |
| 6 | 43 | Manimegalai | 7/F | 20days | Pruritic papules, burrows,itching present in the webs of the fingers and buttocks.Insomnia since two days. | 7.1.08 | 11.1.08 | 5 |
| 7 | 39 | Palaniappan | 9/M | 2weeks | Burrows, inflammatory papules ,itching present in the buttocks and lower limbs. | 7.1.08 | 11.1.08 | 5 |
| 8 | 37 | Prasanthkumar | 10/M | 10days | Vesicles,itching, oozing,present in the webs of the fingers and trunk. | 7.1.08 | 11.1.08 | 5 |
| 9 | 328 | Rajaram | 5/M | 1week | Pruritic papules, oozing,itching present in the buttocks. | 4.2.08 | 7.2.08 | 4 |
| 10 | 329 | Anitha | 8/F | 1week | Itching, burrows,pruritic papules, inflammatory papules present in the thigh and trunk. | 4.2.08 | 7.2.08 | 4 |

INPATIENTS CASE REPORT

| S.NO | IP NO | Name of the patient | Age /Sex | Duration of illness | Clinical Features | Admission Date | Discharge Date | No of days treated |
|------|-------|---------------------|----------|---------------------|--|----------------|----------------|--------------------|
| 11 | 756 | Lakshmidevi | 12/F | 10days | Itching, burrows,pruritic papules,present in the webs of the fingers. | 22.3.08 | 26.3.08 | 5 |
| 12 | 758 | Haj | 11/F | 7days | Vesicles , pustules, itching, oozing present in the webs of the fingers. | 22.3.08 | 26.3.08 | 5 |
| 13 | 830 | Nisha | 10/F | 15 days | Itching, burrows,inflammtory papules, oozing present in the buttocks and lower limbs.Insomnia since four days. | 31.3.08 | 7.4.08 | 8 |
| 14 | 838 | Dhanalakshmi | 12/F | 1week | Pruritic papules, burrows,itching present in the webs of the fingers. | 31.3.08 | 4.4.08 | 8 |
| 15 | 890 | Maheswari | 5/F | 10days | Burrows,pruritic papules ,itching present in the webs of the fingers. | 8.4.08 | 11.4.08 | 4 |
| 16 | 1031 | Devi | 3/F | 1week | Burrows,pruritic papules, inflammatory papules, itching present in the webs of the fingers and buttocks. | 22.4.08 | 24.4.08 | 3 |
| 17 | 1036 | Ariyamuthupattan | 3/M | 2weeks | Itching, burrows,pruritic papules, oozing present in the webs of the fingers and both the lower limbs. | 22.4.08 | 27.4.08 | 6 |
| 18 | 1055 | Thangaraj | 5/M | 15days | Pruritic papules, burrows,itching present in the webs of the fingers. | 25.4.08 | 1.5.08 | 7 |
| 19 | 889 | Sangeetha | 3/F | 1week | Burrows,pruritic papules ,itching present in the webs of the fingers. | 8.4.08 | 11.4.08 | 4 |
| 20 | 1164 | Vinothkumar | 6/M | 20days | Pruritic papules, burrows,itching present in the webs of the fingers and buttocks.Insomnia since two days. | 8.5.08 | 12.5.08 | 5 |

INVESTIGATIONS REPORT (IN - PATIENTS)

| SI.No | IP No | Name of the patient | | | | | | | | | | | | | | |
|-------|-------|---------------------|------------------|-----|----|----|--------|------|-----|-----------------|------|----|---|--------|------|-----|
| | | | Before Treatment | | | | | | | After Treatment | | | | | | |
| | | | TC/cumm | DC% | | | ESR mm | | Hb% | TC/ cumm | DC % | | | ESR mm | | Hb% |
| | | | | P | L | E | 1/2 hr | 1 hr | | | P | L | E | 1/2hr | 1 hr | |
| 1 | 2820 | Gnana Sundari | 9,800 | 56 | 40 | 4 | 6 | 7 | 68 | 9,600 | 56 | 40 | 4 | 5 | 6 | 70 |
| 2 | 2826 | Sudarmathi | 10,000 | 60 | 32 | 8 | 8 | 10 | 64 | 10,050 | 58 | 35 | 7 | 4 | 5 | 67 |
| 3 | 2822 | Pattammal | 11,500 | 60 | 30 | 10 | 10 | 18 | 67 | 10,000 | 58 | 37 | 5 | 8 | 10 | 72 |
| 4 | 2824 | Priya | 9,200 | 63 | 29 | 8 | 7 | 9 | 62 | 9,100 | 55 | 41 | 4 | 5 | 7 | 68 |
| 5 | 3097 | Mariappan | 8,500 | 54 | 40 | 6 | 8 | 13 | 69 | 8,300 | 56 | 40 | 4 | 6 | 8 | 69 |
| 6 | 43 | Manimegalai | 11,300 | 58 | 35 | 7 | 7 | 14 | 60 | 11,100 | 60 | 35 | 5 | 6 | 10 | 67 |
| 7 | 39 | Palaniappan | 8,800 | 62 | 33 | 5 | 15 | 30 | 72 | 8,600 | 61 | 35 | 4 | 9 | 15 | 70 |
| 8 | 37 | Prasanth Kumar | 9,700 | 65 | 29 | 6 | 13 | 20 | 63 | 9,500 | 64 | 32 | 4 | 8 | 11 | 67 |
| 9 | 328 | Rajaram | 10,400 | 58 | 35 | 7 | 6 | 15 | 64 | 10,400 | 60 | 34 | 6 | 6 | 9 | 68 |
| 10 | 329 | Anitha | 9,600 | 57 | 35 | 8 | 4 | 8 | 65 | 9,400 | 50 | 47 | 3 | 4 | 8 | 69 |
| 11 | 756 | Lakshmi Devi | 10,000 | 62 | 30 | 8 | 10 | 14 | 68 | 9,400 | 58 | 38 | 4 | 5 | 8 | 70 |
| 12 | 758 | Haj | 9,750 | 59 | 32 | 9 | 9 | 11 | 67 | 9,700 | 64 | 32 | 4 | 7 | 9 | 71 |
| 13 | 830 | Nisha | 9,600 | 60 | 30 | 10 | 8 | 16 | 69 | 9,400 | 67 | 26 | 7 | 5 | 10 | 69 |
| 14 | 838 | Dhana Lakshmi | 8,800 | 54 | 40 | 6 | 8 | 13 | 68 | 8,600 | 56 | 40 | 4 | 6 | 8 | 70 |
| 15 | 890 | Maheswari | 10,200 | 53 | 39 | 8 | 6 | 15 | 66 | 9,400 | 48 | 47 | 6 | 3 | 4 | 68 |
| 16 | 1031 | Devi | 9,400 | 58 | 38 | 4 | 3 | 4 | 69 | 8,600 | 54 | 42 | 4 | 4 | 5 | 72 |
| 17 | 1036 | Arlya muthu Pattan | 10,400 | 59 | 35 | 6 | 15 | 30 | 64 | 9,800 | 50 | 48 | 2 | 9 | 12 | 68 |
| 18 | 1055 | Thangaraj | 8,600 | 58 | 38 | 4 | 7 | 12 | 66 | 8,400 | 52 | 47 | 1 | 5 | 6 | 69 |
| 19 | 889 | Sangeetha | 10,000 | 52 | 39 | 9 | 10 | 15 | 65 | 9,500 | 58 | 39 | 3 | 7 | 11 | 68 |
| 20 | 1164 | Vinoth Kumar | 10,200 | 56 | 37 | 7 | 9 | 11 | 62 | 10,100 | 60 | 35 | 5 | 7 | 8 | 70 |